

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 25, 2004  
Secretary of State**

DOCUMENT# L99000001379

Entity Name: NETCATALYTIX LLC

**Current Principal Place of Business:**

515 SPRINGCREEK DR.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

515 SPRINGCREEK DR.  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 59-3631139      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HESTER, RANDALL D  
515 SPRINGCREEK DR.  
LONGWOOD, FL 32779      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HESTER, TRUMAN L JR.  
Address: 515 SPRINGCREEK DR.  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: HESTER, RANDALL D  
Address: 515 SPRINGCREEK DR.  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TRUMAN L HESTER JR

MGRM

01/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date