

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001379

**FILED**  
**Jan 07, 2005**  
**Secretary of State**

**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** (X)

**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

01/07/2005

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