2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001304

FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90053 039 ****50.00

INTELLIG		TTCHGEAR ORG	GANIZATION LLC								
Principal Place of Business 4016 NINE MCFARLAND DR ALPHARETTA, GA 30004			Mailing Address 4016 NINE MCFARLAND DR ALPHARETTA, GA 30004						24	0544	16
2. Principal P	lace of Busin	ness	3. Mailing Address			$-\parallel \parallel$					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0420)2004 Chg-Ll	.c	CR2E	083 (10/03	3)
City & State			City & State			1	4. FEI Number Applied For 26-0064655 Not Applicable				
Zip	Country		Zip			5. Certificate of Status Desired S5.00 Ad Fee Require			red		
	6. Name	and Address of Curre	nt Registered Agent		Name	7. Na	me and Address o	f New Re	gistered	Agent	
CITCORP	ORATION	SYSTEM			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)						
					City	<u></u>			Fl	Zip Co	ode
8. The above the obligat	named entiti	y submits this statement ered agent.	t for the purpose of changing its	registere	ed office or regi	istered agen	t, or both, in the Sta	ate of Flor		familiar wit	h, and accept
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if applicable. (NOTE	: Registerer	d Agent signature rec	quired when reinst	tating)		DATE		
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.

CITY-ST-ZIP

11.3 1.

SIGNATURE: DuglaSR. Co - President
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Date

770-442-9442

Daytime Phone #