

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001742

FILED
Feb 10, 2004
Secretary of State

Entity Name: W3 INFORMATION SERVICES, LLC

Current Principal Place of Business:

6818 KITTY HAWK CIR.
PENSACOLA, FL 32506

New Principal Place of Business:

136 46TH AVENUE
VERO BEACH, FL 32968

Current Mailing Address:

240 TALL OAKS CIR.
CONYERS, GA 30013

New Mailing Address:

4615 BRISTOL DRIVE SE
CONYERS, GA 30094

FEI Number: 59-3623232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELBORN, WILLIAM E
6818 KITTY HAWK CIR.
PENSACOLA, FL 32506

Name and Address of New Registered Agent:

WELBORN, WILLIAM E
136 46TH AVENUE
VERO BEACH, FL 32968

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:

02/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WELBORN, W. LAYTON
Address: 118 FOXGLOVE LANE
City-St-Zip: COLUMBIA, SC 29210

Title: MGRM () Delete
Name: WELBORN, WILLIAM
Address: 6818 KITTY HAWK CIR.
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WELBORN, W. LAYTON
Address: 136 46TH AVENUE
City-St-Zip: VERO BEACH, FL 32968

Title: MGRM (X) Change () Addition
Name: WELBORN, WILLIAM E
Address: 136 46TH AVENUE
City-St-Zip: VERO BEACH, FL 32968

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: WILLIAM E. WELBORN

MGRM

02/10/2004

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