2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000007879

1. Entity Name



FILED Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90014 007 ****50.00

	IT PARTNERS, L.L.C.								
Principal Pla	ace of Business	Mailing Address			-				
200 PASADENA PLACE ORLANDO FL 32803		200 PASADENA PLACE ORLANDO FL 32803							
2. Principal	Place of Business	3. Mailing Address	= max.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- 	CHECK HERE	IF MAKING	CHANGE	5	
City & State		City & State			4. FEI Number 59-3685794 Applied For				
Zip	Country	Zip	Count	ry	5. Certificate of	of Status Desired		5.00 Ac	
	6. Name and Address of Currer	nt Registered Agent	<u> </u>		7. Name and A	Address of New Re			ea
DDA	NIDON OTERUEN E			Name			- g.u.u.u.,	90	
Brandon, Stephen e 200 pasadena place Orlando fl 32803			-		(P.O. Box Number	is Not Acceptable))		-
			. [City		 _	FL	Zip Cod	de
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing i	its registered	d office or registe	ered agent, or both,	, in the State of Flor		miliar with	, and accept
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	OTE: Registered	Agent signature require	d when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered ager	FILE N	10W!!! F	EE IS \$50.00			DATE		
SIGNATURE	Signature, typed or printed name of registered ager	FILE N Make Check Paya	OW!!! F	EE IS \$50.00 rida Departme			DATE		
		FILE N Make Check Payal	NOW!!! F ble to Flo ue By May	EE IS \$50.00 rida Departme			DATE		
9.	MANAGING MEMB	FILE N Make Check Payal Do BERS/MANAGERS	NOW!!! F ble to Flo ue By May	EE IS \$50.00 rida Departme		ADDITIONS/0			
9.	MANAGING MEME	FILE N Make Check Payal	NOW!!! Fible to Florue By May	EE IS \$50.00 rida Departme		ADDITIONS/0	CHANGES	□ Change	☐ Addition
9.	MANAGING MEMB MGRM BRANDON, W E	FILE N Make Check Payal Do BERS/MANAGERS	NOW!!! F ble to Flo ue By May 10.	EE IS \$50.00 rida Departme y 1, 2003		ADDITIONS/0	CHANGES	☐ Change	☐ Addition
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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.