

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008144

FILED  
May 01, 2008  
Secretary of State

Entity Name: BUSINESS INSIGHT PLUS, LLC

**Current Principal Place of Business:**

7507 EATON COURT  
UNIVERSITY PARK, FL 34201

**New Principal Place of Business:**

309 SALOLI LANE  
LOUDON, TN 37774

**Current Mailing Address:**

P.O. BOX 3319  
SARASOTA, FL 34230

**New Mailing Address:**

309 SALOLI LANE  
LOUDON, TN 37774

FEI Number: 65-1027898      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LIPOUSEK, GEORGE  
7507 EATON COURT  
UNIVERSITY PARK, FL 34201      US

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

LIPOVSEK, GEORGE  
309 SALOLI LANE  
LOUDON, FL 37774      US

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: GEORGE LIPOVSEK

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LIPOUSEK, GEORGE  
Address: 7507 EATON COURT  
City-St-Zip: UNIVERSITY PARK, FL 34201

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: LIPOVSEK, GEORGE  
Address: 309 SALOLI LANE  
City-St-Zip: LOUDON, TN 37774

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE LIPOVSEK

MMGR

05/01/2008

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