

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008518

FILED
Jan 07, 2009
Secretary of State

Entity Name: IT LAND ASSOCIATES, LLC

Current Principal Place of Business:

100 E. TOWN PL
100
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

101 EAST TOWN PLACE, SUITE 200
ST. AUGUSTINE, FL 32092

New Mailing Address:

100 EAST TOWN PLACE, SUITE 200
ST. AUGUSTINE, FL 32092

FEI Number: 51-0381339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, JAMES E JR.
101 EAST TOWN PLACE, SUITE 200
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

DAVIDSON, JAMES E JR.
100 EAST TOWN PLACE, SUITE 200
ST. AUGUSTINE, FL 32092 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: JAMES E. DAVIDSON JR

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BLAXTER, H. VAUGHAN
Address: 1900 GRANT BLDG.
City-St-Zip: PITTSBURGH, PA 15219

Title: VP () Delete
Name: RAHUBA, BARTLEY J
Address: 1900 GRANT BLDG.
City-St-Zip: PITTSBURGH, PA 15219

Title: VP () Delete
Name: DAVIDSON, JAMES E JR.
Address: 100 E. TOWN PL. STE 100
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S () Delete
Name: RILEY, CAROL
Address: 1900 GRANT BLDG.
City-St-Zip: PITTSBURGH, PA 15219

Title: T () Delete
Name: JOHNSON, ERIC
Address: 1900 GRANT BLDG.
City-St-Zip: PITTSBURGH, PA 15219

Title: AS () Delete
Name: DAVIDSON, SHARON P
Address: 100 E. TOWN PL. STE 100
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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 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: JAMES E. DAVIDSON, JR

VP

01/07/2009

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