
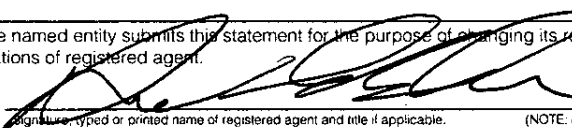


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90013 038 ****50.00

DOCUMENT # L00000010088			
1. Entity Name INTELLIGENT MACHINE CONCEPTS, L.L.C.			
Principal Place of Business 1429 CHAFFEE DR., STE 6 TITUSVILLE FL 32780		Mailing Address 1429 CHAFFEE DR., STE 6 TITUSVILLE FL 32780	
2. Principal Place of Business		3. Mailing Address PO BOX 121287	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WEST MELBOURNE FL	
Zip	Country	Zip	Country
		32912-1287	USA
4. FEI Number 59-3668315		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, JAMES E 1429 CHAFFEE DR., STE 6 TITUSVILLE FL 32780		7. Name and Address of New Registered Agent Name HOWARD E. BECKER Street Address (P.O. Box Number is Not Acceptable) C/O ADVANTAGE CAPITAL PARTNERS 100 N. TAMPA ST. SUITE 2410 TAMPA FL 33602	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 2/18/04	
(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPENCER, JAMES E 1429 CHAFFEE DR., STE 6 TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOKER, JEFFREY 1429 CHAFFEE DR., STE 6 TITUSVILLE FL 32780 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECKER, HOWARD 1429 CHAFFEE DR., STE 6 TITUSVILLE FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/O ADVANTAGE CAPITAL PARTNERS 100 N. TAMPA ST. SUITE 2410 TAMPA, FL, 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/18/04 2:51 PM