2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000010088

1. Entity Name

INTELLIGENT MACHINE CONCEPTS, L.L.C.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90006 029 ****50.00

SIGNATURE Signature, typed or printed name of registroed agent and tile it applicable. (NOTE Registroed Agent algorithms regulated when remistrating) DATE	Principal Place of Business 1429 CHAFFEE DR., STE 6 TITUSVILLE FL 32780		Mailing Address 1429 CHAFFEE DR STE 6 TITUSVILLE FL 32780		20002523	
Suite, Apt. #, etc. City & State	-2Principal I	Place of Business	3. Mailing Address			
City & State Country Zip Country Zip Country S. Cortificate of Status Desired Special Professional Prof	Suite, Apt. #, etc.		Suite, Apt. #, etc.			
E. Name and Address of Current Registered Agent F. Name and Address of New Registered Agent F. Name and Address of New Registered Agent SPENCER, JAMES E 1429 CHAFFEE DR, STE 6 TITUSVILLE FL 32780 E. The above named onlity 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 acceptive obligations of registered agent. FIL Zip Code 8. The above named onlity 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 acceptive obligations of registered agent. FIL Zip Code 8. The above named onlity 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 acceptive obligations of registered agent. FIL Zip Code FILE NOW!!! FEE IS 2780 MARKE CHECK PRIJABLE PRI	City & State		City & State			
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1. 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)

te 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver

SIGNATURE:

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR