


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90224 022 ****50.00

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| DOCUMENT # L00000010964 | | | |  | |
| 1. Entity Name INTERNATIONAL TRAINING AND DEVELOPMENT, LLC | | | | | |
| Principal Place of Business 415 OAK LYNN DR. ORLANDO, FL 32809 | | | Mailing Address 200 E. ROBINSON ST., STE. 500 ORLANDO, FL 32801 | | |
| 2. Principal Place of Business | | 3. Mailing Address 20 N ORANGE AVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 407 | | | |
| City & State | | City & State | | 4. FEI Number NOT APPLICABLE | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE ORLANDO, FL 32801 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 407 City FL Zip Code | | |
| 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 <u>M. Stoner</u> <u>2/1/04</u> DATE | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AGUILAR, LESLIE 415 OAK LYNN DRIVE ORLANDO, FL 32809 | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <u>Leslie C Aguilar</u> | | | 3/1/04 407-859-1191 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |