2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

ANNUAL REPORT						Secretary of State				
DOCUMENT # L0000011563 1. Entity Name BOARDROOM INFORMATION TECHNOLOGY SERVICES				s,		05-04-2004 90028 041 ****55.00				
L.L.C.										
Principal Place	e of Business		Mailing Address							
201 S. BISCAYNE BOULEVARD MIAMI CENTER, 34TH FLOOR MIAMI, FL 33131		201 S. BISCAYNE BOULEVARD MIAMI CENTER, 34TH FLOOR MIAMI, FL 33131			 	 16 88 88 88 88	40/61 M30) (FE	A FIIIF AIIAA III	e a l (1) f e e l	
2. Principal Place of Business		es .	3. Mailing Address		- <u> </u>					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		 ,	04082004	Chg-LLC	CR2E08	33 (10/03)	
City & State			City & State			4. FEI Number Applied For 65-1051341 Not Applicable				
Zip	Zip Country		Zip	Country		5. Certificate	e of Status Desired		5.00 Add ee Required	itional 1
6. Name and Address of Current Registered Agent				Nor		7. Name and	Address of New Re	gistered A	gent	
FERRELL GROUP CORPORATE SERVICES, LLC 201 S. BISCAYNE BLVD., STE 3400 MIAMI, FL 33131				<u></u>	reet Address (P.O. Box Number is Not Acceptable)					
				City		FL			Zip Code	,
	named entity s ions of register		the purpose of changing its i	registered offic	e or register	red agent, or bo	oth, in the State of Flor	ida. I am fa	amiliar with,	and accept
SIGNATURE .	7.5									
	Signature, typed or s	printed name of registered agent an	d title if applicable. (NOTE:	: Registered Agent s	gnature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004							4	check pa	yable to int of State	,
9. MANAGING MEMBERS/MANAGERS									1	
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NAME				10.	ma	nanec	ADDITIONS/0	CHANGES	☐-ehange	Addition
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1	201 S. BISC	CAYNE BOULEVARD	Delete MPANY LLC	TITLE NAME STREET ADDRE	- 1	nager		CHANGES	⊉- effange	Addition
CITY-ST-ZIP		CAYNE BOULEVARD	Delete MPANY LLC SUITE 3400	TITLE NAME STREET ADDRE CITY-ST-ZIP	- 1	nager		CHANGES		
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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: Maya Dalastiglesse
SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/64 305-371-858