


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000012227**

1. Entity Name  
**INLU, LLC**



Principal Place of Business      Mailing Address

**3250 PARK CENTRAL BLVD. NORTH**      **3005 MERCY DR**  
**POMPANO BEACH, FL 33064**      **ORLANDO, FL 32808**

**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**01-0637918**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BRUCE, THOMAS A**  
**3005 MERCY DR**  
**ORLANDO, FL 32808**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEAD, THOMAS 3005 MERCY DR. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRUCE, THOMAS A 3350 PARK CENTRAL BLVD POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000006494  
 01/16/04-80036-018 50.00

**DO NOT WRITE IN THIS SPACE**

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:** Thomas Stead Treasurer      1-14-04      407-578-6222