


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000012227

1. Entity Name
INLU, LLC



Principal Place of Business: 3250 PARK CENTRAL BLVD. NORTH
POMPANO BEACH, FL 33064

Mailing Address: 3005 MERCY DR
ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0637918	Applied For Not Applicable
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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

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

**Filing Fee is \$50.00
Due by May 1, 2005**

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
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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* **1-12-05 407-578-6222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #