## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L01000014892** 

1. Entity Name INOC, LLC

Principal Place of Business

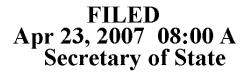
2008 RIVERSIDE AVENUE

SUITE 200 JACKSONVILLE, FL 32204 Mailing Address

2008 RIVERSIDE AVENUE

SUITE 200

JACKSONVILLE, FL 32204





02062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3754560

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, RONALD R ESQUIRE 1400 PRUDENTIAL DRIVE

JACKSONVILLE, FL 32207

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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

Signature, typed or printed name of registered agent and little if applicable.

(NOTE: Registered Agent signature required when reinstating)

<del>-U00000724**3**25----</del>

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## Filing Fee is \$50.00 Due by May 1, 2007

MANAGING MEMBERS/MANAGERS
PRES SPENCER, CHARLES 590 QUEENS HARBOR BLVD JACKSONVILLE, FL 32225 VP SAMPSON, JAMES
4835 SOUTZI AVE JACKSONVILLE, FL 32208
TRES JONES, CARLTON 2008 AVERSIDE AVE , STE 200 JACKSONVILLE, FL 32204
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR JUTHORIZED REPRESENTATIVE

4/19/07

Daytime Phone #