

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90160 047 \*\*\*\*50.00

<b>DOCUMENT # L01000021167</b>					
<b>1. Entity Name</b> INFORMATION PARTNERS, LLC					
<b>Principal Place of Business</b> 800 JEFFERY STREET, #303 SUITE 303 BOCA RATON, FL 33487			<b>Mailing Address</b> 800 JEFFERY STREET, #303 BOCA RATON, FL 33487		
<b>2. Principal Place of Business</b> 1595 NW 1ST COURT		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022004    Chg-LLC    CR2E083 (10/03)	
<b>City &amp; State</b> BOCA RATON FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 02-0542605	
<b>Zip</b> 33432		<b>Country</b> PALM BEACH		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MCCARTHY, MALCOLM C 800 JEFFERY STREET, #303 BOCA RATON, FL 33487			<b>7. Name and Address of New Registered Agent</b> Name: JOHN L. MCCARTHY Street Address (P.O. Box Number is Not Acceptable): 1595 N.W. 1ST COURT City: BOCA RATON FL Zip Code: 33432		
<b>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.</b> SIGNATURE: <u>John L. McCarthy</u> DATE: <u>3-2-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b> <u>MANAGING DIRECTOR Jm</u>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: MGR NAME: MCCARTHY, MALCOLM C STREET ADDRESS: 800 JEFFERY STREET, #303 CITY-ST-ZIP: BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete		TITLE: JOHN L. MCCARTHY NAME: JOHN L. MCCARTHY STREET ADDRESS: 1595 NW 1ST COURT CITY-ST-ZIP: BOCA RATON FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>John L. McCarthy</u>			JOHN L. MCCARTHY <u>3-2-04</u> <small>Signature and typed or printed name of signing managing member, manager, or authorized representative    Date    Daytime Phone #</small>		

GENERAL PARTNER  
MANAGING DIRECTOR Jm