

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90028 041 \*\*\*\*50.00

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04262005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000022027					
1. Entity Name INFOTECH INTERNATIONAL, LLC.					
Principal Place of Business 228 ARLINGTON ROAD JACKSONVILLE, FL 32211			Mailing Address 1901 SERVICE STREET JACKSONVILLE, FL 32207		
2. Principal Place of Business 3401 PHILIPS Hwy Suite, Apt. #, etc.		3. Mailing Address 3401 PHILIPS Hwy Suite, Apt. #, etc.			
City & State JACKSONVILLE FL		City & State JACKSONVILLE, FL		4. FEI Number 80-0003920	
Zip 32207		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32207		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ✓ HARRELL, WILLIAM H 1901 SERVICE STREET JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32207			Street Address (P.O. Box Number is Not Acceptable) 3401 PHILIPS Hwy		
City JACKSONVILLE FL Zip Code 32207			City JACKSONVILLE FL Zip Code 32207		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - HARRELL, WILLIAM H 1901 SERVICE STREET JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 PHILIPS Hwy JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLCORN, FRANK W III 1901 SERVICE STREET JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 PHILIPS Hwy JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVEN, JOHN W III 1901 SERVICE STREET JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 PHILIPS Hwy JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANTICO, JANICE M 1901 SERVICE STREET JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 PHILIPS Hwy JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input 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
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
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: <i>William H Harrell</i>			Date: 4/27/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #: 904-358-7177		