

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000022777

FILED
Jul 26, 2007
Secretary of State**Entity Name:** IFINITY LLC**Current Principal Place of Business:**1220 W NEW HAVEN
#150
MELBOURNE, FL 32904**New Principal Place of Business:****Current Mailing Address:**1220 W NEW HAVEN
#150
MELBOURNE, FL 329403290**New Mailing Address:****FEI Number:** 59-3588075**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WIRKUS, JAN E
1220 W NEW HAVEN
#150
MELBOURNE, FL 32904 US**Name and Address of New Registered Agent:**JONES, ANDREW B
1220 W NEW HAVEN
#150
MELBOURNE, FL 32904 US

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.

SIGNATURE: ANDREW B. JONES

07/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: WIRKUS, JAN E
Address: 1220 W NEW HAVEN
City-St-Zip: MELBOURNE, FL 32904 US**Title:** MGRM () Delete
Name: DYKE, ABRAM J
Address: 1220 W NEW HAVEN
City-St-Zip: MELBOURNE, FL 32904 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: JONES, ANDREW B
Address: 1220 W NEW HAVEN
City-St-Zip: MELBOURNE, FL 32904 US**Title:** MGRM (X) Change () Addition
Name: JONES, TAMARA L
Address: 1220 W NEW HAVEN
City-St-Zip: MELBOURNE, FL 32904 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW B. JONES

MGRM

07/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date