

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008098

FILED
Jan 12, 2004
Secretary of State

Entity Name: SWITCHED I.T. SOLUTIONS, LLC

Current Principal Place of Business:

18830 MAISONS DRIVE
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

18830 MAISONS DRIVE
LUTZ, FL 33558

New Mailing Address:

FEI Number: 01-0665489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWMAN, GRAHAM K
18830 MASON DR
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

BOWMAN, GRAHAM K
18830 MAISONS DR
LUTZ, FL 33558 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:

01/12/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BOWMAN, GRAHAM
Address: 18830 MAISONS DRIVE
City-St-Zip: LUTZ, FL 33558

Title: MGRM () Delete
Name: BOWMAN, WAI SION
Address: 18830 MAISONS DRIVE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GRAHAM BOWMAN

PRES

01/12/2004

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