


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90287 013 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000008229	
1. Entity Name INB SYSTEMS L.L.C.	

Principal Place of Business 2544 VAN BUREN HOLLYWOOD, FL 33020	Mailing Address 2544 VAN BUREN HOLLYWOOD, FL 33020
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24042887



2. Principal Place of Business 1720 HARRISON STREET Suite, Apt. #, etc. 1725 City & State HOLLYWOOD, FL Zip 33020 Country USA	3. Mailing Address 1720 HARRISON STREET Suite, Apt. #, etc. 1725 City & State HOLLYWOOD, FL Zip 33020 Country USA
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01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0423863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANOTHE, FERNAND 1401 DEWEY STREET HOLLYWOOD, FL 33020	
7. Name and Address of New Registered Agent Name LAMOTHE FERNAND Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOCCIA, LOUIS 2544 VAN BUREN HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1720 HARRISON STREET, SUITE 1725 HOLLYWOOD FL. 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BACCHELLI, ANTONELLA 2544 VAN BUREN HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1720 HARRISON STREET, SUITE 1725 HOLLYWOOD. FL. 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRAMBLAY, LYNN 2544 VAN BUREN ST. HOLLYWOOD, FL 33020 <input checked="" 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
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:** Antonella Bacchelli Antonella Bacchelli 04/08/04 954-342-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #