



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90084 003 ****50.00

DOCUMENT # L02000008229					
1. Entity Name INB SYSTEMS L.L.C.					
Principal Place of Business 1720 HARRISON ST. HOLLYWOOD, FL 33020			Mailing Address 1720 HARRISON ST. HOLLYWOOD, FL 33020		
2. Principal Place of Business 750 S. FEDERAL Hwy Suite, Apt. #, etc. 101 City & State Hollywood FL Zip 33020 Country USA		3. Mailing Address 750 S. FEDERAL Hwy Suite, Apt. #, etc. 101 City & State Hollywood FL Zip 33020 Country			
4. FEI Number 02222005 Chg-LLC CR2E083 (10/03) 03-0423863				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LAMOTHE, FERNAND 1401 DEWEY STREET HOLLYWOOD, FL 33020	
7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	MGR MOCCIA, LOUIS 1720 HARRISON ST., SUITE 1725 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	750 S. FEDERAL Hwy Hollywood FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BACCHELLI, ANTONELLA 1720 HARRISON ST., SUITE 1725 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	750 S. FEDERAL Hwy Hollywood FL 33020	<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
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>America Lamothe</i> <i>Bookkeeper</i>			Date: <i>4/25/05</i> Daytime Phone #: <i>954-342-8000</i>		