

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012211

Entity Name: INCONTROL, LLC

FILED
Feb 06, 2006
Secretary of State

Current Principal Place of Business:

105 ORIENTA DRIVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

478 E. ALTAMONTE DRIVE
SUITE 108, #202
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 01-0699908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAKEEFF, MELODY L
105 ORIENTA DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAKEEFF, MELODY L MRS.
Address: 105 ORIENTA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM (X) Delete
Name: BAKEEFF, KAREN S MRS.
Address: 16800 SW 63RD MANOR
City-St-Zip: SUNSHINE RANCHES, FL 33331 US

Title: MGRM () Delete
Name: BAKEEFF, SCOTT D MR.
Address: 105 ORIENTA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES:

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

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 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: MELODY BAKEEFF

MGRM

02/06/2006

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