

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90325 033 ***138.75

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04162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000014862 1. Entity Name NSIGHT TECHNOLOGIES, LLC			
Principal Place of Business 5550 W IDLEWILD SUITE 100 TAMPA, FL 33634		Mailing Address P O BOX 3178 RIDGELAND, MS 39158	
2. Principal Place of Business - No P.O. Box # 609 W. De LEON ST.		3. Mailing Address PO Box 20454	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33606		Zip 33622	
Country HILLSBOROUGH		Country HILLSBOROUGH	
4. FEI Number 42-1536760		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 ST. THOMAS, CHRIS 5550 W. IDLEWILD STE 100 TAMPA, FL 33634		7. Name and Address of New Registered Agent Name ST. THOMAS, CHRIS Street Address (P.O. Box Number is Not Acceptable) 2419 7th COURT EAST City ELLINGTON FL Zip Code 34222	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 04/16/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HUBBARD, R DALE PO BOX 3178 RIDGELAND, MS 391583178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sales Assistant EXEC. HUBBARD, R. DALE PO BOX 20454 TAMPA, FL 33622
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ST THOMAS, CHRISTOPHER 5550 W IDLEWILD, SUITE 100 TAMPA, FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ST. THOMAS, CHRISTOPHER 2419 7th COURT EAST ELLINGTON, FLORIDA 34222
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/16/08 Daytime Phone # 813 882-0331	