2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016967

Entity Name: I2ART LLC

FILED May 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

178 MARINER BLVD. #191 SPRING HILL, FL 34609 LIS

Current Mailing Address: New Mailing Address:

178 MARINER BLVD. #191 SPRING HILL, FL 34609 US

FEI Number: 51-0417361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBISON, LINDA R ROBISON, LINDA R 6450 PINÉ AVENUE 2659 WEST GULF DRIVE SANIBEL, FL 33957 US UNIT B102 SANIBEL, FL 33957 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: LINDA R ROBISON 05/28/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition () Delete

MGRM ST AMAND, MICHAEL ST AMAND, MICHAEL Name: Name: 1027 COLUMBIA AVE Address: 178 MARINER BLVD Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: SPRING HILL, FL 34609

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: ROBISON, ROBERT A Name: ROBISON, ROBERT A Address: 6450 PINE AVE Address: 2659 WEST GULF DRIVE City-St-Zip: SANIBEL, FL 339572034 City-St-Zip: SANIBEL, FL 339572034

Title: MGRM (X) Delete Title: () Change () Addition

POEHLMANN, CHRISTOPHER Name: Name: Address: 5950 JEFFERY LANE Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

Name: KRAMER, KATE Name: Address: 5950 JEFFERY LANE Address: City-St-Zip: FORT MYERS, FL 33907 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: MICHAEL ST. AMAND **MGRM** 05/28/2005