

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000030513

FILED
Jun 24, 2003
Secretary of State

Entity Name: LAMBDA ITC LLC

Current Principal Place of Business:

279, CORRY VLG. MUSEUM ROAD
#3
GAINESVILLE, FL 32603

Current Mailing Address:

279, CORRY VLG. MUSEUM ROAD
#3
GAINESVILLE, FL 32603

New Principal Place of Business:

284, CORRY VLG. MUSEUM ROAD
#13
GAINESVILLE, FL 32603 US

New Mailing Address:

284, CORRY VLG. MUSEUM ROAD
#13
GAINESVILLE, FL 32603 US

FEI Number: 80-0012745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMPHREY, JON LEE
3310 SE, 27 AVENUE
GAINESVILLE, FL 32641 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/MEMBERS:

Title: MGRM () Delete
Name: SINGAL, MADHU P
Address: 279, CORRY VLG. MUSEUM ROAD #3
City-St-Zip: GAINESVILLE, FL 32603

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SINGAL, MADHU P
Address: 284, CORRY VLG. MUSEUM ROAD #13
City-St-Zip: GAINESVILLE, FL 32603

Title: MGRM () Change (X) Addition
Name: JAIN, MAMTA
Address: 284, CORRY VLG. MUSEUM ROAD #13
City-St-Zip: GAINESVILLE, FL 32603 US

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: SINGAL

MGRM

06/24/2003

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