2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 14, 2004 8:00 am Secretary of State

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DOCUMENT # L02000032311 1. Entity Name INSOURCE INTERNATIONAL, L.L.C.					ĺ	04-14-2004 9	90281 016 ****5	50.00	
Principal Place of Business Mailing Address					•		2404123	5	
1936 LEE ROAD SUITE 101 WINTER PARK, FL 32789		1936 LEE ROAD SUITE 101 WINTER PARK, FL 32789				PAGAINO	·		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052004	Chg-LLC	CR2E083 (10/03)	-		
City & State		City & State		16 <u>-</u> 166		—	pplied For ot Applicable		
Zip	Country	Zip	Country		5. Certificate	ate of Status Desired Status Desired Additional Fee Required			
· · ·	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re	egistered Agent		
			N	Name					
1936 LEE	VICES, INC. ROAD SUITE 101 PARK. FL 32789		Street Address (P.C		P.O. Box Numb	O. Box Number is Not Acceptable)			
******	7.1.4,12.32733	•							
			C	City	FL Zip Code			de	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered o	office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ant signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004			· · · · · ·			Cong cars	e check payable to Department of Sta	io	
9.	MANAGING MEMBI	ERS/MANAGERS	10.		<u>.</u>	ADDITIONS/	CHANGES	<u> </u>	
TITLE	MGR	☐ Delete	TITLE	Mgr	DP		Change	Addition	
NAMÉ	SAHNI, DEEPINDER		NAME	_					
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 1193		STREET AC						
	ORLANDO, FL 32802 MGR				TEC.				
TITLE NAME	GONSALVES, VERA	☐ Delete	TITLE NAME	Mgr	VS		☐ Change	Addition	
STREET ADDRESS	P.O. BOX 1193		STREET AC	ndress					
CITY-ST-ZIP	ORLANDO, FL 32802			00.400					
TITLE			CITY-ST-						
11100	MGR	☐ Delete	CITY-ST-		V		Change	☐ Addition	
NAME	SINGH, JAIKARAN	☐ Delete	TITLE NAME	Mgr	· V	, , , ,	Change	☐ Addition	
	SINGH, JAIKARAN P.O. BOX 1193	Delete	TITLE NAME STREET AC	Mgr	- (V	, <u>,</u>	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SINGH, JAIKARAN	¥ .* }	TITLE NAME STREET AC CITY-ST-	Mgr	· \V				
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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 informatic indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of the true and accurate and the information of the limited liability company or the receiver of the liability company or the limited liability company or the liability company of the liability com

SIGNATURE: DEFPINDER SAHNI SIGNATURE AND TYPED OR PRINTED AND SIGNATURE AND TYPED OR PRINTED AND SIGNATURE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #