

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032630	
1. Entity Name INTEGRATED BIOMETRIC TECHNOLOGY, LLC	
Principal Place of Business 8665 BAY COLONY DRIVE, UNIT 1901 NAPLES, FL 34108	Mailing Address 8665 BAY COLONY DRIVE, UNIT 1901 NAPLES, FL 34108



DO NOT WRITE IN THIS SPACE

03022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 31-1633561	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

**STEWART, JOHN F
2121 WEST FIRST STREET
FT. MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000085495
03/11/04-80050-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TENNYSON, IVAN D 8665 BAY COLONY DRIVE, UNIT 1901 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARROLL, CHARLES R ONE ASET CENTRE, DAYTON INTL. AIRPORT DAYTON, FL 45377
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

11. 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 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 609, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-4-04

Date

239-513-0845

Daytime Phone #