2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 16, 2004 8:00 am

DOCUMENT # L02000033214 - Intelly Name AFFINITY DATA, LLC Principal Place of Business 14001 6380 WAY N. LLEAWARE R. 1 33760 2. Principal Place of Business 3. Mailing Address N. LLEAWARE R. 1 33760 2. Principal Place of Business 3. Mailing Address N. LLEAWARE R. 1 33760 2. Principal Place of Business 3. Mailing Address N. Sale. April 14001 6380 WAY N. LLEAWARE R. 1 33760 CIC y & State CIC y & Stat	ANNUAL REPURI							Secretary of State				
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APPLIED FOR	Suite, Apt. #, etc.		Suite, Apt. #, etc.				01072004	Chg-LLC	CR2E083 (*	10/03)		
S. Certificate of Suttons Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiter with, and accept the obligations of registered agent, or both, i	City & State		City & State				l					
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B&C COPORATE SERVICES, INC 201 SOUTH BISCAYNE BLVD., SUITE 3000 MIAMI, FL 33131 City FL Zip Code		6. Name and Address of Current F	Registered Agent		\ <u></u>					t	·	
MIAMI, FL 33131 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS ITILE MARE SIREH ADDRESS CITY-ST-2P ITILE MARE Delete TITLE MARE SIREH ADDRESS CITY-ST-2P TITLE Delete TITLE MARE SIREH ADDRESS CITY-ST-2P TITLE Delete TITLE MARE SIREH ADDRESS CITY-ST-2P Delete TITLE MARE SIREH ADDRESS CITY-ST-2P Charge Addition Charge Addition Addition Charge Addition Addition Addition Charge Addition Addition Addition Charge Addition Addition Charge Addition Addition Charge Charge Addition Charge Addition Charge Addition Charge Addition Charge Addition Charge Charge Addition						ddroee (I	P.O. Pay Number is Net Acceptable)					
B. 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 flowed by bridge of princip dame of registered agent and size if applicable. (NOTE flagsatered Agent spinuture required when renorating) OATE Pilling Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State Florida Department of Stat			J00	Street A	001655 (1	Jress (P.O. Box Number is Not Acceptable)						
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		certify that the information supplied with	this filing does not qualify for			ted in Se	ction 119.07(3)	(i), Florida Statutes	. I further certify th	at the inf	ormation	

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 limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.