

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000830

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: IT CAREER TRAINING, LLC

**Current Principal Place of Business:**

C/O JOSEPH W. WEBB  
601 CLEVELAND STREET SUITE 500  
CLEARWATER, FL 337554182

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOSEPH W. WEBB  
601 CLEVELAND STREET SUITE 500  
CLEARWATER, FL 337554182

**New Mailing Address:**

FEI Number: 11-3668260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARQUARDT, J. MATTHEW  
625 COURT ST., STE. 625  
CLEARWATER, FL 33756 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: WEBB, JOSEPH  
Address: 601 CLEVELAND STREET SUITE 500  
City-St-Zip: CLEARWATER, FL 33755

Title: MGRM ( ) Delete  
Name: CLEMONS, JOHON  
Address: 601 CLEVELAND STREET SUITE 500  
City-St-Zip: CLEAWATER, FL 33755

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CLEMONS, JOHN  
Address: 601 CLEVELAND STREET SUITE 500  
City-St-Zip: CLEAWATER, FL 33755

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: JOSEPH WEBB

MGRM

01/18/2005

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