

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003846

**FILED**  
**Jan 16, 2006**  
**Secretary of State**

**Entity Name:** INTERNET SERVICES GROUP OF FLORIDA, LLC

**Current Principal Place of Business:**

3870 W. RIVERSIDE DR  
FORT MYERS, FL 33901 US

**New Principal Place of Business:**

4575 VIA ROYALE  
SUITE 207  
FORT MYERS, FL 33919 US

**Current Mailing Address:**

P.O. BOX 9271  
FORT MYERS, FL 339029271 US

**New Mailing Address:**

4575 VIA ROYALE  
SUITE 207  
FORT MYERS, FL 33919 US

**FEI Number:** 06-1683410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CALDWELL, CHARLES H II  
3870 W. RIVERSIDE DR.  
FORT MYERS, FL 33901 US

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

CALDWELL, CHARLES H II  
4575 VIA ROYALE  
SUITE 207  
FORT MYERS, FL 33919 US

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: CHARLES H CALDWELL II

01/16/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CALDWELL, CHARLES H II  
Address: 3870 W RIVERSIDE DRIVE  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CALDWELL, CHARLES H II  
Address: 4575 VIA ROYALE, SUITE 207  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CHARLES H CALDWELL II

MGRM

01/16/2006

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