2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 09, 2005 08:00 AM Secretary of State DOCUMENT # L03000006902 ILIANT COMMONWEALTH, LLC Principal Place of Business Mailing Address 4300 W CYPRESS STREET, SUITE 900 4300 W CYPRESS STREET, SUITE 900 TAMPA, FL 33607 TAMPA, FL 33607 01122005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3685667 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SALAS, RICARDO A DO NOT WRITE 4300 W. CYPRESS SUITE 900 IN THIS SPACE TAMPA, FL 33607 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulard when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 U00000296414 04/09/05-80066-022 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE NAME SALAS, RICARDO A STREET ADDRESS 4300 W. CYPRESS, SUITE 900 CITY -ST-ZIP TAMPA, FL 33607 MGR TITLE BURKS, WAYNE NAME STREET ADDRESS 4300 W. CYPRESS. SUITE 900 CITY - ST - ZIP TAMPA, FL 33607 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 608, Florida Statutes.

SIGNATURE:	Way	ne	Burley	Mar	Wayne	Burks
SIGNATURE	AND TYPED	OR PRINTE	D NAME OF SIGNING MA	NAGING MEMBER, O	R AUTHORIZED REPRES	ENTATIVE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

1-12-05

813-262-9521

Daytime Phone #

FILED