

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90032 043 \*\*\*\*50.00

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<b>DOCUMENT # L03000006902</b> 1. Entity Name ILIANT COMMONWEALTH, LLC					
Principal Place of Business 4300 W CYPRESS STREET, SUITE 900 TAMPA, FL 33607			Mailing Address 4300 W CYPRESS STREET, SUITE 900 TAMPA, FL 33607		
2. Principal Place of Business 11274 W. Hillsborough Ave Suite, Apt. #, etc.		3. Mailing Address 11274 W. Hillsborough Ave Suite, Apt. #, etc.		02212006 Chg-LLC CR2E083 (11/05)  4. FEI Number 11-3685667 Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State Tampa, FL		City & State Tampa, FL			
Zip 33635		Zip 33635			
Country USA		Country USA		6. Name and Address of Current Registered Agent  SALAS, RICARDO A 4300 W. CYPRESS SUITE 900 TAMPA, FL 33607	
7. Name and Address of New Registered Agent Name Deborah Zinkus		Street Address (P.O. Box Number is Not Acceptable) 4503 George Rd. Suite 350			
City Tampa		State FL			
Zip 33634		Zip Code 33634		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 <u>Deborah A Zinkus</u> DATE <u>2-22-06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALAS, RICARDO A 4300 W. CYPRESS. SUITE 900 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Deborah Zinkus 4503 George Rd, Suite 350 Tampa, FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURKS, WAYNE 4300 W. CYPRESS. SUITE 900 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cynthia B. Dettner White 11274 W. Hillsborough Ave Tampa, FL 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ricardo Salas 11274 W. Hillsborough Ave Tampa, FL 33635	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Deborah A Zinkus</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>2-22-06</u> Daytime Phone # <u>813-262-9361</u>	