

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015262

FILED
Jul 14, 2004
Secretary of State

Entity Name: INFOSTRUCT, L.L.C.

Current Principal Place of Business:

235 GOLDENRAIN DRIVE, #102
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

235 GOLDENRAIN DRIVE, #102
CELEBRATION, FL 34747

New Mailing Address:

9087 RUTLEDGE AVE
BOCA RATON, FL 33434

FEI Number: 04-3786976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASMUSSEN, GIDEON
235 GOLDENRAIN DRIVE, #102
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

RASMUSSEN, GIDEON
9087 RUTLEDGE AVE
BOCA RATON, FL 33434 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: GIDEON RASMUSSEN

07/14/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: RASMUSSEN, GIDEON T MR
Address: 9087 RUTLEDGE AVE
City-St-Zip: BOCA RATON, FL 33434

Title: MGR () Change (X) Addition
Name: RASMUSSEN, MARY
Address: 9087 RUTLEDGE AVE
City-St-Zip: BOCA RATON, FL 33434

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: MARY RASMUSSEN

MRS

07/14/2004

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