

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025282

Entity Name: INTELLE-SEARCH LLC

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

5583 PATS POINT
WINTER PARK, FL 32792

New Principal Place of Business:

9100 E GOSPEL ISLAND RD
INVERNESS, FL 34450

Current Mailing Address:

5583 PATS POINT
WINTER PARK, FL 32792

New Mailing Address:

P O BOX 5463
WINTER PARK, FL 32793

FEI Number: 20-0288274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAIR, DARLA S
5583 PATS POINT
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

LAIR, DARLA S
9100 E GOSPEL ISLAND RD
INVERNESS, FL 34450 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:

01/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAIR, DARLA S
Address: 5583 PATS POINT
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: LAIR, HENRY D
Address: 5583 PATS POINT
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAIR, DARLA S
Address: 9100 E GOSPEL ISLAND RD
City-St-Zip: INVERNESS, FL 34450

Title: MGRM (X) Change () Addition
Name: LAIR, HENRY D
Address: 9100 E GOSPEL ISLAND RD
City-St-Zip: INVERNESS, FL 34450

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: DARLA LAIR

PRES

01/18/2007

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