

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028536

FILED
May 16, 2004
Secretary of State

Entity Name: N2 IT, LLC

Current Principal Place of Business:

266 SOUTHWEST HOMELAND ROAD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

266 SOUTHWEST HOMELAND ROAD
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-1200235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WHITE, CHARLES L
Address: 266 SOUTHWEST HOMELAND ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR () Delete
Name: BOSMAN, WILHELMINA F
Address: 266 SOUTHWEST HOMELAND ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: ST (X) Delete
Name: WHITE, CHARLES L
Address: 266 SOUTHWEST HOMELAND ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES L WHITE

MGR

05/16/2004

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