


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033559 1. Entity Name IT FLORIDA, LLC	
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Principal Place of Business 1900 N.W. CORPORATE BLVD STE. EAST 100 BOCA RATON, FL 33431	Mailing Address 1900 N.W. CORPORATE BLVD STE. EAST 100 BOCA RATON, FL 33431
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01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0200376	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

HENRICUS A.J.M. COX
5815 WINDSOR CT.
BOCA RATON, FL 33496

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COX, HENRICUS AJM 5815 WINDSOR CT BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM M. ARELY CASTELLON COX 5815 WINDSOR CT BOCA RATON, FL 33496
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01/25/05-80109-017 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **HENRICUS COX**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-18-05 **561 997 1116 x101**
Date Office Phone #