

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047017

FILED
Jul 14, 2004
Secretary of State

Entity Name: INVERSION TECHNOLOGIES, LLC

Current Principal Place of Business:

3520 STABLE RIDGE LN.
LAND O LAKES, FL 34639

New Principal Place of Business:

3520 STABLE RIDGE LN.
LAND O LAKES, FL 34639 US

Current Mailing Address:

P.O. BOX 582
LANDO O LAKES, FL 34639

New Mailing Address:

3520 STABLE RIDGE LN.
LANDO O LAKES, FL 34639 US

FEI Number: 55-0787495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM S
3520 STABLE RIDGE LN.
LANDO O LAKES, FL 34639 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: JOHNSON, WILLIAM S
Address: 3520 STABLE RIDGE LN.
City-St-Zip: LANDO O LAKES, FL 34639

Title: MGRM () Delete
Name: JOHNSON,
Address: 3520 STABLE RIDGE LN.
City-St-Zip: LANDO O LAKES, FL 34639

ADDITIONS/CHANGES:

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: WILLIAM S. JOHNSON

MGR

07/14/2004

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