## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003919

Entity Name: ITERION STEWARD, LLC

**FILED** Mar 28, 2005 Secretary of State

US

**Current Principal Place of Business: New Principal Place of Business:** 

10586 OLD ST. AUGUSTINE ROAD 10584 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257

SUITE 16 JACKSONVILLE, FL 32257

**Current Mailing Address: New Mailing Address:** 

10586 OLD ST. AUGUSTINE ROAD 10584 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257

SUITE 16 JACKSONVILLE, FL 32257

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY ITERION CORPORATION 1201 HAYS STREET 10584 OLD ST. AUGUSTINE RD TALLAHASSEE, FL 32301 US SUITE 16

JACKSONVILLE, FL 32257 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: GENE YOUNGBLOOD 03/28/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete

YOUNGBLOOD, LABETH ITERION CORPORATION. Name: Name: Address: 111 EAST TUGALO STREET, SUITE 111 Address: POST OFFICE BOX 445 City-St-Zip: TOCCOA, GA 30577 US City-St-Zip: TOCCOA, GA 30577 US

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: GENE YOUNGBLOOD **PRES** 03/28/2005