2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000004720

1. Entity Name

INEX-O, LLC

Principal Place of Business	Mailing Address
10762 SEA CLIFF CIRCLE	10762 SEA CLIFF CIRCLE
BOCA RATON, FL 33498	BOCA RATON, FL 33498

DO NOT WRITE IN THIS SPACE

02142008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
43-2042548	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ODRONIEC, STANLEY C
10762 SEA CLIFF CIRCLE
BOCA RATON, FL 33498

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U000000946735
03/18/08-80040-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ODRONIEC, STANLEY C
STREET ADDRESS	10762 SEA CLIFF CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33498

TITLE	SEC
NAME	ODRONIEC, KAREN B
STREET ADDRESS	10762 SEA CLIFF CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33498

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Stanley C. Odroniec_   2/29/08   561-302-2770
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #