## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2008 08:00 AN Secretary of State

ANNUAL REPURI				Samuelanni of C4.		
	MENT # L04000008			56	cretary of St	
Entity Name     INFORMATION TECHNOLOGY NIRVANA, LLC						
Principal Plac	e of Business	Mailing Address.	•			
2709 S.W. 4 CAPE CORAL		2709 S.W. 4TH AVE. Cape Coral, FL 33914				ge de la companya de
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		IN THE COA	CF.	04122008 No 0	Shg-LLC (	CR2E083 (12/07)
	O NOT WRITE	IN THIS SPA	UE .	4. FEI Number	2.4	Applied For
,				20-07057		Not Applicable  55.00 Additional
<b>6</b> 1	· · ·			5. Certificate of S	tatus Desired	Fee Required
	6. Name and Address of Current F	egistered Agent				是"我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
	ON, CHRISTOPHER C		SEP TO THE PARTY OF	המת א	OT WR	ITE :
2709 S.W.	. 4TH AVE. RAL, FL 33914			to the contract of the second	The second of the second section is a	profit of the part of the fall of the contract
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				Pini		
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	red agent, or both, it	the State of Florida.	I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NDTE, Register	ed Agent signature required	d when reinstating)		DATE
FILE	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		<u></u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Alter May	y 1, 2000 Fee Will be \$556.75					
9.	MANAGING MEMBEI	RS/MANAGERS		果物物特殊	100000034	13962   Paris 1   1   1   1   1   1   1   1   1   1
TITLE NAME	ANDERSON, CHRISTOPHER C				05,/29/08/80	)081H003\138.75\\
STREET ADDRESS	2709 S.W. 4TH AVE.		i a			
CITY - ST - ZIP	CAPE CORAL, FL 33914					
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CITY-ST-ZIP						
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TITLE NAME			4	IN T	IIS SPA	CESSESS
STREET ADDRESS			me of the control of			
CITY-ST-7IP						AND THE PROPERTY OF STREET, ST
TITLE NAME				A GLOS		austain'

11. I hereby certify that the information supplied with this filing does not quality 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 eath; 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Date

1-08

Daytime Phone #