

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Country Zip Country S. Corrificate of Status Desired \$5.00 Additional Fee Required Set Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	DOCU	MENT	# L040000	19740					TIL	EU	
B60 FACE VIEW DRIVE TALLAHASSEE, FL 32311			SINTERNATION	NAL, L.L.C.			·				
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S. Name and Address of Current Registered Agent WILLIS, DARRELL 860 EAGLE VIEW DRIVE TALLAHASSEE, FL 32311 City City FL City FL Zip Code 6. The above named antity 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 accidence of the obligations of registered agent. SIGNATURE FILING Fee is \$50.00 FEE	Zip	Zip Country		Zip	Zip Coun		5. Certificat	e of Status Desired		\$5.00 Add	
NAME NAME NAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City FL		6 Nama	and Address of Curr	ant Registered Agent	<u> </u>	1					d
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		o. Raine	and Address of Con	ent negistered Agent		Name	7. Haille all	d Address of New P	registered A	gen	
TALLAHASSEE, FL 32311 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and acc the obligations of registered agent. SIGNATURE Signature. Speed or printed name of registered agent and little if suplicable. (NOTE Registered Agent agents recided when reintatory) PILITIE MGR OBJECT OF THE CONTROL OF THE			DIVE			Street Address	s (P.O. Box Num	ber is Not Acceptable	e)		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature S			-			- CHOOL / ICCHOOL					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature					City					Zip Cod	e
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Signature, hyperic or printed name of registrated agent and the if explicable. NOTE Registrated Agent signature recided when reliniating) DATE				in to the period of onlying in			.o. o o o o				and goodpt
PIONE BY May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MGR WILLIS, DARRELL MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP TITLE MANE SIREET ADDRESS CITY-ST-2IP SIREET ADDRESS SIREET ADDRE	SIGNATURE _	Signature, typed	or printed name of registered a	gent and title if applicable. (NO	TE: Registere	d Agent signature requi	ired when reinstating)		DATE		
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11. I hereby certify that the information supplied with this filling 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 applicate 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 toleracute this report as required by Chapter 608, Florida Statutes.	11. I hereby c indicated limited liab	ertify that the on this repor pility compar	e information supplied t is true and accorate ny or the receiver or tru	with this filling does not qualify for and that my signalting shall have sitee empowered to execute this	or the exe the same s report as	mption stated in a legal effect as it required by Cha	Section 119.07(3 f made under oa apter 608, Florida)(i), Florida Statutes. th; that I am a mana a Statutes.	I further cert ging membe	ify that the in r or manage	nformation er of the
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Prone #	SIGNAL	SIGNATURE A	ND TYPED OR PRINTED NAI	ME OF SIGNING MANAGING MEMBER, M.	ANAGER, OF	AUTHORIZED REPRE	SENTATIVE	Date	De	ytime Phone #	