

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049548

Entity Name: INI-TECH, LLC

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

22323 BREEZESWEPT AVENUE
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

PO BX 494343
PORT CHARLOTTE, FL 33949

Current Mailing Address:

22323 BREEZESWEPT AVENUE
PORT CHARLOTTE, FL 33952

New Mailing Address:

PO BX 494343
PORT CHARLOTTE, FL 33949

FEI Number: 20-1322735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BEAROR, BRIAN C
22323 BREEZESWEPT AVENUE
PORT CHARLOTTE, FL 33948 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/MANAGERS:

Title: MGRM () Delete
Name: BEAROR, BRIAN C
Address: 22323 BREEZESWEPT AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM () Delete
Name: HISHMEH, NASER G
Address: 1002 CHEVY CHASE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: BRIAN BEAROR/BRIAN BEAROR

MR

06/30/2005

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