2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90021 028 ****50.00

DOCUMENT # L0400062105 1. Entity Name NSI INTELLITEC HOLDING LLC							04-19-2005 90021 028 ****50.00	
Principal Place of Business 5215 S. WESTSHORE BLV. #29 TAMPA, FL 33611			Mailing Address 5215 S. WESTSHORE BLV. #29 TAMPA, FL 33611				-	
2. Principal Place of Business			3. Mailing Address					
- Suite-Apt.#-etc			Suite, Apt. #, etc.				03242005 Chg-LLC CR2E083 (10/03)	
City & State			City & State				4. FEI Number Applied For Not Applied Box Not Applied Por	
Zip		Country	Zip	Count	try		5. Certificate of Status Desired	
	6. Name	and Address of Current R	egistered Agent	gistered Agent · Name			7. Name and Address of New Registered Agent	
	POSTON, WILLIAM G 5215 S. WESTSHORE BLV. #29					Street Address (P.O. Box Number is Not Acceptable)		
TAMPA, F			1 - 4-04 - 11					
				-	City		FL Zip Code	
8. The above	The above named entity submits this statement for the purpose of changing its register.					register		
SIGNATURE Signature, speed or printed name of registered agent and title if applicable. (NOTE: Registered Pilling: Fee is \$50.00 Due by May 1, 2005						ire required	Make check payable to Florida Department of State	
9.		MANAGING MEMBER	I IS/MANAGERS	10.			ADDITIONS/CHANGES	
NAME SIREEL ADDRESS CITY-SI-ZIP		• • • • • • • • • • • • • • • • • • • •	Delete	CITY-		MGRM Change Addition PATRICK J. O'NEILL 5215 S: WESTSHORE BLVD. #29 TAMPA, FL 33611		
NAME STREET ADDRESS' CITY-STEZIP	on de les	राजी हैंद्र है है जिस साम देहर ने संस्कृतिक राजित की देश देशाह राज्य से हैं जिस है जिस से देश जाता की की स्थानित के से से	Delete Growth Maring Anna Growth Anna Fractist Annaber of Growth		ľ	DAUSROGAL		
NAME		☐ Delete	NAME		MEMBER Change Addition			
STREET ADDRESS CITY -ST-ZIP		the distribution of the state o		STREET ADDRESS CITY-ST-ZIP		521.	AMPA, FL 33611	
NAME STREET ADDRESS CHY-SI-ZIP:-			☐ Delete				☐ Change ☐ Addition	
TITLE		•	☐ Delete	TITLE			: Change Addition	
STREET ADDRESS				STREE	ET ADDRESS -ST-ZIP		Company of the compan	
TITLE			☐ Delete	TITLE	lgyrantas E		☐ Change ☐ Addition	
STREET ADDRESS		makanan Arabiya meran kerapakan di aprincipi darahasa appara	[] (56 (5)	STREE	ET ADDRESS -ST-ZIP		D. 10 . 74	
11: I hereby certify that the information supplied with this filing 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 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: 4/3/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date								