


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90094 031 \*\*\*\*50.00

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DOCUMENT # L04000066977   |  |  |  |         |  |
| 1. Entity Name<br>IT HOOKUP, L.L.C.   |  |  |  |  |  |
| Principal Place of Business<br>4142 MARINER BLVD #118<br>SPRING HILL, FL 34609  |  |  | Mailing Address<br>4142 MARINER BLVD #118<br>SPRING HILL, FL 34609   |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                                   |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                  |  |  |  |
| City & State  |  | City & State   |  | 4. FEI Number<br><b>20-11637030</b>  |  |
| Zip   |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |  |  |
| MCAULEY, BRIAN<br>4142 MARINER BLVD #118<br>SPRING HILL, FL 34609   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4491 Elwood Rd.</b><br>City <b>Spring Hill</b> FL Zip Code <b>34609</b> |  |  |
| 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 <i>Brian McAuley</i> (NOTE: Registered Agent signature required when reinstating) DATE  |  |  |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  | Make check payable to<br>Florida Department of State |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>MCAULEY, BRIAN<br>4142 MARINER BLVD #118<br>SPRING HILL, FL 34609   | <input type="checkbox"/> Delete                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>MCAULEY, THERESA<br>4142 MARINER BLVD #118<br>SPRING HILL, FL 34609 | <input type="checkbox"/> Delete                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                      |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                      |  |  |  |
| 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: <i>Theresa McAuley</i>   |  | Date <b>4-20-05</b> <352-684-8484                    |  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  |  |  |  |