2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L04000068743

Entity Name: INNOVISION TYRONE, L.L.C.

Current Principal Place of Business:

7985 113TH STREET, SUITE 230
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

7985 113TH STREET, SUITE 230
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILLETTE, THEODORE N
7985 113TH STREET, SUITE 230
SEMINOLE, FL 33772 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	SALTA, MARK	
Address:	8333 WRENS WAY	
City-St-Zip:	LARGO, FL 33773	
Title:	MGR	( ) Delete
Name:	GILLETTE, THEODORE N	
Address:	7985 113TH STREET, SUITE 230	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	MGR	( ) Delete
Name:	SARNO, MARK	
Address:	8657 LONGWOOD DRIVE	
City-St-Zip:	LARGO, FL 33777	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: THEODORE N GILLETTE MGR 04/29/2005

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