

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078944

FILED
Apr 29, 2005
Secretary of State

Entity Name: INVESTIGATIVE TECHNOLOGIES, LLC

Current Principal Place of Business:

435 E. WASHINGTON ST.
MONTICELLO, FL 32344

New Principal Place of Business:

P.O. BOX 537
MONTICELLO, FL 32345

Current Mailing Address:

P.O. BOX 537
MONTICELLO, FL 32345-537 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CAVE, RON L
435 E. WASHINGTON ST.
MONTICELLO, FL 32344 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: CAVE, RON L
Address: 435 E. WASHINGTON ST.
City-St-Zip: MONTICELLO, FL 32344 US

Title: MGR () Delete
Name: CAVE, CATHY A
Address: 435 E. WASHINGTON ST.
City-St-Zip: MONTICELLO, FL 32344 US

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: CATHY CAVE

MGR

04/29/2005

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