2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000088073 1. Entity Name JMIT SOLUTIONS, LLC				05 SEP -6 PM 2: 41						
Principal Place of Business 1403 MACLAY COMMERCE DRIVE SUITE 7 TALLAHASSEE, FL 32312		Mailing Address P.O. BOX 180864 TALLAHASSEE, FL 32318			SE TAL	CKLIARY OF LAHASSEE,	STATE FLORIDA	MK IBESA INIBE	ı Mi (Nei	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		PYK	09062005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4-1-	4. FEI Numb	er			ed For	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		00 Addition		
**	6. Name and Address of Current	Registered Agent		Name	7. Name and	d Address of New R	Registered Age	nt		
	LAY COMMERCE DR., STE 7					(P.O. Box Number is Not Acceptable)				
TALLAHAŞ	SSEE, FL 32312						 _			
				City			FL	Zip Code		
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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										
	ing Fee is \$50.00 by September 7, 2005					Make check payable to Florida Department of State				
9.	MANAGING MEMBE		10.			ADDITIONS	-	01.		
TITLE NAME	DIAZ, JILL	☐ Delete	TITLE NAME		- 0			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	217 BETH CIRCLE TALLAHASSEE, FL 32310		STREET CITY-S		.0,80x1	80864 See, FL	27219	,		
TITLE	MGR	☐ Delete	TITLE		Latianas	154C/FL			Addition	
NAME STREET ADDRESS	DIAZ, SEAN 217 BETH CIRCLE	•			ADDRESS P.O. BOX 180864					
CITY-ST-ZIP	TALLAHASSEE, FL 32310 CITY-				Tallahassee, Fr 32318					
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS		00059 8/050105			☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP				Change	Addition	
11. I hereby certify that the information supplied within is 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: 9/6/05/85032/-1798										
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #										