

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90072 037 \*\*\*\*50.00

EPDVNF0U\$ L05000015420 2/ Entity Name <b>GUARDIAN IT SERVICES, LLC</b>	
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Principal Place of Business 199 HARRISBURG ST. PORT CHARLOTTE, FL 33954	Mailing Address 199 HARRISBURG ST. PORT CHARLOTTE, FL 33954
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01232006 Di h.MD DS3F194J22016\*

3/ Principal Place of Business	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

5/ FEI Number <b>20-2339791</b>	Applied For Not Applicable
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7/ Obn f lboe lBeef t t lpgDvaf ouSf hjt d f e lBhf ou WARD, DAVID 199 HARRISBURG ST. PORT CHARLOTTE, FL 33954	8/ Obn f lboe lBeef t t lpgOf x ISf hjt d f e lBhf ou Name Street Address (P.O. Box Number Is Not Acceptable) City <b>GM</b> Zip Code
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9/ 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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1/ MANAGING MEMBERS / MANAGERS		2/ ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

22/ I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

T.HOBUSF; David A. Ward 1/24/06  
T.HOBUSF BOE UZCFE PB ODLUFE OBNF POT.HOLH NBOHLDH NFNCFB-NBOHFB-PSBYUJ PBJ FEISFOBFTFOUBUWF Date Daytime Phone #



ATTACHMENT

30000947

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 1, 2006

GUARDIAN IT SERVICES, LLC  
199 HARRISBURG ST.  
PORT CHARLOTTE, FL 33954

Subject: GUARDIAN IT SERVICES, LLC

Reference Number: L05000015420

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter. ✓ gm

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ  
ANNUAL REPORTS SECTION