

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90050 018 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                                                                                                                                                                |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>DOCUMENT # L05000017707</b><br>1. Entity Name<br><b>ADVANCE IT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                                                                                                |                                           |
| Principal Place of Business<br><b>499 NORTHEAST MIZNER BLVD., TH23<br/>         BOCA RATON, FL 33432</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | Mailing Address<br><b>499 NORTHEAST MIZNER BLVD., TH23<br/>         BOCA RATON, FL 33432</b>                                                                                                                                   |                                           |
| 2. Principal Place of Business<br><b>1147 Buchanan St.</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | 3. Mailing Address<br><b>1147 Buchanan St.</b><br>Suite, Apt. #, etc.                                                                                                                                                          |                                           |
| City & State<br><b>Hollywood, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | City & State<br><b>Hollywood, FL</b>                                                                                                                                                                                           |                                           |
| Zip<br><b>33019</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | Zip<br><b>33019</b>                                                                                                                                                                                                            |                                           |
| Country<br><b>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | Country<br><b>US</b>                                                                                                                                                                                                           |                                           |
| 4. FEI Number<br><b>20-2375828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                         |                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | \$5.00 Additional Fee Required                                                                                                                                                                                                 |                                           |
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>         1840 SW 22ND ST.<br/>         4TH FLOOR<br/>         MIAMI, FL 33145</b>                                                                                                                                                                                                                                                                                                                                    |                                            | 7. Name and Address of New Registered Agent<br>Name <b>Cunningham, Cheryl</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1147 Buchanan St.</b><br>City <b>Hollywood</b> State <b>FL</b> Zip Code <b>33019</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 <b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            | DATE <b>Sept 1, 2006</b>                                                                                                                                                                                                       |                                           |
| Filing Fee is \$50.00<br>Due by September 8, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | Make check payable to<br>Florida Department of State                                                                                                                                                                           |                                           |
| <b>9. MANAGING MEMBERS / MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                                   |                                           |
| TITLE<br><b>MGR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME<br><b>CUNNINGHAM, CHERYL</b>          | TITLE<br><b>mgr</b>                                                                                                                                                                                                            | NAME<br><b>Cunningham, Cheryl</b>         |
| STREET ADDRESS<br><b>499 NORTHEAST MIZNER BLVD., TH23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITY-ST-ZIP<br><b>BOCA RATON, FL 33432</b> | STREET ADDRESS<br><b>1147 Buchanan St.</b>                                                                                                                                                                                     | CITY-ST-ZIP<br><b>Hollywood, FL 33019</b> |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                   |                                           |
| TITLE<br><b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS<br><b>CITY-ST-ZIP</b>       | TITLE<br><b>NAME</b>                                                                                                                                                                                                           | STREET ADDRESS<br><b>CITY-ST-ZIP</b>      |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                              |                                           |
| TITLE<br><b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS<br><b>CITY-ST-ZIP</b>       | TITLE<br><b>NAME</b>                                                                                                                                                                                                           | STREET ADDRESS<br><b>CITY-ST-ZIP</b>      |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                              |                                           |
| TITLE<br><b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS<br><b>CITY-ST-ZIP</b>       | TITLE<br><b>NAME</b>                                                                                                                                                                                                           | STREET ADDRESS<br><b>CITY-ST-ZIP</b>      |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                              |                                           |
| TITLE<br><b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS<br><b>CITY-ST-ZIP</b>       | TITLE<br><b>NAME</b>                                                                                                                                                                                                           | STREET ADDRESS<br><b>CITY-ST-ZIP</b>      |
| <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                              |                                           |
| (11) 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 606, Florida Statutes. |                                            |                                                                                                                                                                                                                                |                                           |
| SIGNATURE: <b>[Signature]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            | DATE: <b>Sept 1, 2006</b>                                                                                                                                                                                                      |                                           |

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