2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L05000022871

Entity Name: IITSA LLC

Current Principal Place of Business:

3873 GEORGIA COURT
TARPON SPRINGS, FL 34688

New Principal Place of Business:

555 WHISPERING LAKES BLVD
TARPON SPRINGS, FL 34688

Current Mailing Address:

PO BOX 804
ODESSA, FL 33556-804 US

New Mailing Address:

FEI Number: 13-4294785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VINOVICH, DANIEL
3873 GEORGIA COURT
TARPON SPRINGS, FL 34688 US

Name and Address of New Registered Agent:

FRIEDERS, KEVIN
555 WHISPERING LAKES BLVD
TARPON SPRINGS, FL 34688 US

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: KEVIN J. FRIEDERS 04/24/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: VINOVICH, DANIEL
Address: 3873 GEORGIA COURT
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGR (X) Delete
Name: FRIEDERS, KEVIN J
Address: 555 WHISPERING LAKES BLVD
City-St-Zip: TARPON SPRINGS, FL 34688 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FRIEDERS, KEVIN J
Address: 555 WHISPERING LAKES BLVD
City-St-Zip: TARPON SPRINGS, FL 34688 US

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 Chapter 119, 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: KEVIN J. FRIEDERS MGR 04/24/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date