

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042381

FILED
Jul 02, 2006
Secretary of State

Entity Name: INTERNATIONAL OUTSOURCE DRAFTING, LLC

Current Principal Place of Business:

1846 BOUGANVILLEA STREET
SARASOTA, FL 34239

New Principal Place of Business:

73 SOUTH PALM AVENUE
303
SARASOTA, FL 34236

Current Mailing Address:

1846 BOUGANVILLEA STREET
SARASOTA, FL 34239

New Mailing Address:

73 SOUTH PALM AVENUE
303
SARASOTA, FL 34236

FEI Number: 20-2840594 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MAZZARANTANI, GEORGE H ESQ
LAW OFFICES OF GEORGE H. MAZZARANTANI, P.A
777 SOUTH PALM AVENUE, SUITE 2
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SCHIMBERG, BARRON S AIA
73 SOUTH PALM AVENUE
303
SARASOTA, FL 34236 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: BARRON SCHIMBERG

07/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: SCHIMBERG, BARRON S AIA
Address: 73 SOUTH PALM AVENUE, SUITE 303
City-St-Zip: SARASOTA, FL 34236 US

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: BARRON SCHIMBERG

MR.

07/02/2006

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