

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049271

FILED  
Jul 17, 2007  
Secretary of State

**Entity Name:** INFORMATION TECHNOLOGY INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

13133 SW 16TH ST.  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551388  
DAVIE, FL 33325

**New Mailing Address:**

P.O. BOX 551388  
DAVIE, FL 33355

FEI Number: 81-0678685      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:**

SCOTMAN, ANTHONY  
13133 SW 16TH ST.  
DAVIE, FL 33325      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SCOTMAN, ANTHONY  
Address: 13133 SW 16TH ST.  
City-St-Zip: DAVIE, FL 33325

Title: MGRM      (X) Delete  
Name: HENRY, ALWYN  
Address: 13130 SW 16TH STREET  
City-St-Zip: DAVIE, FL 33325

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY SCOTMAN

MGRM

07/17/2007

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