

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055540

Entity Name: INSOURCEOUT, LLC

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

400 EAST BAY STREET
SUITE 706
JACKSONVILLE, FL 32202

New Principal Place of Business:

400 EAST BAY STREET
SUITE 706
JACKSONVILLE, FL 32202 US

Current Mailing Address:

400 EAST BAY STREET
SUITE 706
JACKSONVILLE, FL 32202

New Mailing Address:

400 EAST BAY STREET
SUITE 706
JACKSONVILLE, FL 32202 US

FEI Number: 20-3063964 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:

INTEPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP

07/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: REINA, TRACEY H
Address: 400 EAST BAY STREET, SUITE 706
City-St-Zip: JACKSONVILLE, FL 32202 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: TRACEY H. REINA

MGR

07/07/2006

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