


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 10, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90072 038 \*\*\*\*50.00

<b>DOCUMENT # L05000056617</b> 1. Entity Name ITC, L.L.C.																													
Principal Place of Business 1301 HILL STREET NEW SMYRNA BEACH, FL 32169			Mailing Address 1301 HILL STREET NEW SMYRNA BEACH, FL 32169																										
2. Principal Place of Business 111 Live Oak Street Suite, Apt. #, etc.			3. Mailing Address 111 Live Oak Street Suite, Apt. #, etc.																										
City & State New Smyrna Beach, FL			City & State New Smyrna Beach, FL																										
Zip 32168		Country USA		Zip 32168																									
Country USA		4. FEI Number 07172006 Chg-LLC CR2E083 (11/05)																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent KOSMAS, JAMES M 111 LIVE OAK STREET NEW SMYRNA BEACH, FL 32168																													
7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:																													
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGR</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KOSMAS, NICHOLAS G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1301 HILL STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEW SMYRNA BEACH, FL 32169</td> <td></td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	KOSMAS, NICHOLAS G		STREET ADDRESS	1301 HILL STREET		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">Managing Member</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KOSMAS, JAMES M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>111 Live Oak Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>New Smyrna Beach, FL 32168</td> <td></td> </tr> </table>			TITLE	Managing Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	KOSMAS, JAMES M.		STREET ADDRESS	111 Live Oak Street		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
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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: _____				7-18-2006 (386) 428-0055																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													