

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000104299

1. Entity Name
INTERNATIONAL ELECTRONIC COMPONENT
EXCHANGE, LLC



2/

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-13-2006 90190 046 ****50.00

Principal Place of Business
3549 TOWN AVENUE
NEW PORT RICHEY, FL 34655

Mailing Address
3549 TOWN AVENUE
NEW PORT RICHEY, FL 34655

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3692505	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent
MORRIS, RONALD M JR.
3549 TOWN AVENUE
NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent
Name
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 _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature is required when renaming) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, RONALD M JR. 3549 TOWN AVENUE NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: *Ronald M. Morris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/3/06 727-403-4457
Daytona Phone #



ATTACHMENT
30002058

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

INTERNATIONAL ELECTRONIC COMPONENT EXCHANGE, LLC
3549 TOWN AVENUE
NEW PORT RICHEY, FL 34655

Subject: **INTERNATIONAL ELECTRONIC COMPONENT EXCHANGE, LLC**

Reference Number: **L05000104299**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION