


07 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90029 049 ****55.00

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| DOCUMENT # L06000052431 | |  |
| 1. Entity Name INTERSYSTEMS TECHNOLOGY GROUP LLC | | |

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|--|---|
| Principal Place of Business 5812 IDLE FOREST PLACE TAMPA, FL 33614 | Mailing Address BOX 152678 TAMPA, FL 33684-2678 |
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| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

40070020



04092007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-4916928 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| WRIGHT, ALFRED K 5812 IDLE FOREST PLACE TAMPA, FL 33614 | | 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 required when reinstating) DATE _____

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WRIGHT, ALFRED K 5812 IDLE FOREST PLACE TAMPA, FL 33614 <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 |
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| 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date **4/12/2006** Daytime Phone # **813 879 5491**