2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# L06000072724

Entity Name: INBACK OFFICE PARK, LLC

Current Principal Place of Business:

727 SAMANTHA DRIVE
PALM HARBOR, FL 34683

New Principal Place of Business:

401 S. LINCOLN AVE.
CLEARWATER, FL 33756

Current Mailing Address:

P.O. BOX 838
PALM HARBOR, FL 34682-838

New Mailing Address:

401 S. LINCOLN AVE.
CLEARWATER, FL 33756

FEI Number: 20-5248011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIMRIC, DAVID L
727 SAMANTHA DRIVE
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

LOVELACE, WILLIAM K
401 S. LINCOLN AVE.
CLEARWATER, FL 33756 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: WILLIAM K. LOVELACE 03/19/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LIMRIC, DAVID L
Address: P.O. BOX 838
City-St-Zip: PALM HARBOR, FL 34682-838

Title: MGR (X) Delete
Name: LIMRIC, THERESA C
Address: P.O. BOX 838
City-St-Zip: PALM HARBOR, FL 34682-838

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LOVELACE, WILLIAM K
Address: 401 S. LINCOLN AVE.
City-St-Zip: CLEARWATER, FL 33756

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: WILLIAM K. LOVELACE MGR 03/19/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date