2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# L06000097876

Entity Name: BULLSEYE INTEGRATED LLC

Current Principal Place of Business:

12800 UNIVERSITY DRIVE, SUITE 260
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12800 UNIVERSITY DRIVE, SUITE 260
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-8378237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHOENIX, CHARLES PT ESQ.
12800 UNIVERSITY DRIVE, SUITE 260
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: AT MANAGEMENT LLC,
Address: 12800 UNIVERSITY DRIVE, SUITE 260
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM ( ) Change (X) Addition
Name: CURRY, STEVEN
Address: 12800 UNIVERSITY DRIVE, SUITE 260
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM ( ) Change (X) Addition
Name: COWIE, ROBIN
Address: 12800 UNIVERSITY DRIVE, SUITE 260
City-St-Zip: FORT MYERS, FL 33907

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: CHARLES PT PHOENIX MGRM 04/23/2007

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