2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2007
Secretary of State

DOCUMENT# L06000103703

Entity Name: EXEMPLAR INFORMATION TECHNOLOGY SERVICES, LLC

Current Principal Place of Business:

4084 NW 62ND DRIVE
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

4084 NW 62ND DRIVE
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 45-0546288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOHAMMED, FAKIHA T
4084 NW 62ND DRIVE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

SAJIL, IRFAN
3981 COCOPLUM CIRCLE
COCONUT CREEK, FL 33063 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: IRFAN SAJIL 07/20/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MOHAMMED, FAKIHA T
Address: 4084 NW 62ND DRIVE
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGRM ( ) Delete
Name: SAJIL, IRFAN M
Address: 3981 COCOPLUM CIRCLE
City-St-Zip: COCONUT CREEK, FL 33063 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SAJIL IRFAN MGRM 07/20/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date