2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L07000096728

Entity Name: IZON GEOSPATIAL, LLC

Current Principal Place of Business:

18167 US HWY 19 NORTH
SUITE 240
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

18167 US HWY 19 NORTH
SUITE 240
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3654825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

POWERS, BARRY C
18167 US HWY 19 N
SUITE 240
CLEARWATER, FL 33764 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: BARRY C POWERS 01/22/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: QUARTARARO, ANTHONY J III
Address: 18167 US HIGHWAY 19 NORTH, SUITE 240
City-St-Zip: CLEARWATER, FL 33764

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

ADDITIONS/CHANGES:

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

Title: TS ( ) Change (X) Addition
Name: POWERS, BARRY C
Address: 18167 US HWY 19 N SUITE 240
City-St-Zip: CLEARWATER, FL 33629

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: ANTHONY J QUARTARARO III MGR 01/22/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date