2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# L07000099485

Entity Name: ITHINKWORKS LLC

Current Principal Place of Business:

2110 W. SOUTHVIEW AVE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

2110 W. SOUTHVIEW AVE
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 26-1154011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, STEPHANIE H
2110 W. SOUTHVIEW AVE
TAMPA, FL 33606 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:	MGRM	( ) Delete
Name:	STEWART, STEPHANIE H	
Address:	2110 W. SOUTHVIEW AVE	
City-St-Zip:	TAMPA, FL 33606 US	
Title:	MGRM	( ) Delete
Name:	DAVIS, SEAN E	
Address:	2110 W. SOUTHVIEW AVE	
City-St-Zip:	TAMPA, FL 33606 US	
Title:	MGRM	( ) Delete
Name:	STEWART, DOTTYE A	
Address:	310 S. BUNGALOW PARK AVE	
City-St-Zip:	TAMPA, FL 33609 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	REED, MICHAEL	
Address:	1527 SATSUMA STREET	
City-St-Zip:	CLEARWATER, FL 33756 US	

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: STEPHANIE H. STEWART MGRM 02/20/2009

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