2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087505

Entity Name: I3TECHNOLOGY LLC

Apr 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4651 BABCOCK STREET N.E. 351 TORTUGA WAY.

W MELBOURNE, FL 32904 US 18

PALM BAY, FL 32905

4651 BABCOCK STREET N.E. 4651 BABCOCK STREET N.E.

STE 18 BOX 325 PALM BAY, FL 32905 US PALM BAY, FL 32905 US

FEI Number: 26-3405630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

New Mailing Address:

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIXON, MINGA 351 TORTUGA WAY

Current Mailing Address:

W MELBOURNE, FL 32904 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

DIXON, MINGA Name: DIXON, MINGA Name: 4651 BABCOCK STREET N.E., SUITE 18 Address: 4651 BABCOCK STREET N.E., STE 18 BOX 325 Address:

City-St-Zip: PALM BAY, FL 32905 US City-St-Zip: PALM BAY, FL 32905 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

STRANGE, TARYTON Name: STRANGE, TARYTON Name: Address: 4651 BABCOCK STREET N.E., SUITE 18 Address: 4651 BABCOCK STREET N.E., STE 18 BOX 325

City-St-Zip:

PALM BAY, FL 32905 US City-St-Zip: PALM BAY, FL 32905 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition COLLINS, TERRY COLLINS, TERRY Name: Name:

4651 BABCOCK STREET N.E., SUITE 18 4651 BABCOCK STREET N.E., STE 18 BOX 325 Address: Address:

City-St-Zip: PALM BAY, FL 32905 US City-St-Zip: PALM BAY, FL 32905 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: COLLINS, BERNADETTE Name: COLLINS, BERNADETTE

Address: 4651 BABCOCK STREET N.E., SUITE 18 Address: 4651 BABCOCK STREET N.E., STE 18 BOX 325

City-St-Zip: PALM BAY, FL 32905 US City-St-Zip: PALM BAY, FL 32905 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: MINGA DIXON 04/26/2009