

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002954

Entity Name: INTELLISIGHT, LLC

FILED  
Feb 24, 2005  
Secretary of State

**Current Principal Place of Business:**

1950 LEE ROAD, SUITE 209  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

1950 LEE ROAD, SUITE 209  
WINTER PARK, FL 32789

**New Mailing Address:**

FEI Number: 13-4219797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAJAJ, SANDEEP DR.  
1950 LEE ROAD, SUITE 209  
WINTER PARK, FL 32789 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BAJAJ, SANDEEP DR.  
Address: 652 EAST CLUB CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Delete  
Name: REDDY, KARAN  
Address: 8803 SOUTHERN BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32836

Title: MGRM (X) Delete  
Name: NAGDA, YUGAL  
Address: 474 LAKE PARK TRAIL  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

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

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 for the exemption stated in Section 119.07(3)(i), 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: SANDEEP BAJAJ

MGRM

02/24/2005

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