


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000002804 1. Entity Name INFLEXION CAPITAL MANAGEMENT, LLC	
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Principal Place of Business 12565 RESEARCH PARKWAY STE. 300 ORLANDO, FL 32826	Mailing Address 12565 RESEARCH PARKWAY STE. 300 ORLANDO, FL 32826
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01052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0015008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOYLE, JIM 12565 RESEARCH PARKWAY STE. 300 ORLANDO, FL 32826

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYLE ENTERPRISES, INC. 12565 RESEARCH PARKWAY STE. 300 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESNICK, CHARLES 4407 CHARLESTON COURT TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUA, DAN 2153 HAWTHORNE ROAD, STE. 101 GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000648533 03/07/07-80013-006 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: James H Boyle **JAMES H BOYLE** 2/26/07 407-381-2675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #