


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M03000002805 1. Entity Name INFLEXION PARTNERS, 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 02-0663736	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYLE, JIM 12565 RESEARCH PARKWAY STE. 300 ORLANDO, FL 32826

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOYLE, JIM 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>UN00000648532 03/07/07-80013-005 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	2/21/07	407-381-2675
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>