# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M04000001392

**1. Entity Name**
IMPULSE POINT, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 6810 NEW TAMPA HIGHWAY SUITE 400 LAKELAND, FL 33815    US | 6810 NEW TAMPA HIGHWAY SUITE 400 LAKELAND, FL 33815    US |

## DO NOT WRITE IN THIS SPACE

02222006 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number 65-1214267 | Applied For / Not Applicable |
|---|---|
| 5. Certificate of Status Desired  ☐ | $5.00 Additional Fee Required |

### 6. Name and Address of Current Registered Agent

ROBINSON, JAMES DAVID
6810 NEW TAMPA HIGHWAY
SUITE 400
LAKELAND, FL  33815

## 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 _____

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, 2006**

U00000477650
04/06/06-80059-019 50.00

### 9. MANAGING MEMBERS/MANAGERS

| TITLE | MGR |
|---|---|
| NAME | ROBINSON, JAMES DAVID |
| STREET ADDRESS | 6810 NEW TAMPA HIGHWAY, SUITE 400 |
| CITY-ST-ZIP | LAKELAND, FL  33815 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

## DO NOT WRITE IN THIS SPACE

**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: _____    3-27-06    863-802-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #