2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 03, 2006 8:00 am Secretary of State

DOCUMENT # M0400003549 1. Entity Name JAMES LEE WITT ASSOCAITES, LLC						04-03-200		/V	0.00
Principal Place of Business Mailing Address					1		-		
1201 F STREET, NW, STE. 850 WASHINGTON, DC .20004. 1201 F STREET, NW, STE. 850 WASHINGTON, DC .20004						- • ·	- I BBIN BBIN 851F8 II		(98) #1 (98)
Principal Place of Business 3. Mailing Address									
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006	Chm II C	Ć DOCO	83 (11/05)		
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Zip	Country	Zip Zip	Country		.			\$5.00 Add	ot Applicable
2000		20005	USA		5. Certificate	of Status Desire	ed 🗌	Fee Require	
	6. Name and Address of Current R	Registered Agent			7. Name an	d Address of Ne	w Registered	Agent	
Name									
515 E. PAI	L CORPORATE RESEARCH, L' RK AVE	ID., INC.	Stre	Street Address (P.O. Box Number is Not Acceptable)					
	SSEE, FL 32301		ļ						
			City	1			FL	Zip Code	е
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 ar	110T	5		· · · · · · · · · · · · · · · · · · ·				
	organical types or printed name or registered agent as	to see ii appacade. (NOTE	: Registered Agent	adminute lockwee	when remstating)		DATE		
						Make check payable to Florida Department of State			
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