

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90021 045 ****50.00

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03222006 Chg-LLC CR2E083 (11/05)

DOCUMENT # M05000000632 1. Entity Name INTERACTIVE LEAD SOLUTIONS, LLC					
Principal Place of Business 2536 COUNTRYSIDE BLVD. 6TH FLR. CLEARWATER, FL 33763			Mailing Address 2536 COUNTRYSIDE BLVD. 6TH FLR. CLEARWATER, FL 33763		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-1570867 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent SHATANOFF, ROBERT 2536 COUNTRYSIDE BLVD. 6TH FLR. CLEARWATER, FL 33763	
7. Name and Address of New Registered Agent Name <u>HEATHER NORTH</u> Street Address (P.O. Box Number is Not Acceptable) <u>2536 COUNTRYSIDE BLVD. 6th FL</u> City <u>CLEARWATER</u> <u>FL</u> Zip Code <u>33763</u>				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 <u>[Signature]</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NATIONAL DEVELOPMENT SERVICES LLC 2536 COUNTRYSIDE BLVD. 6TH FLR. CLEARWATER, FL 33763 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>[Signature]</u> T. NORTH			Date <u>3/22/06</u> Daytime Phone # <u>727-726-0724</u>		