2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001638

1. Entity Name

BARTECH IT SOLUTIONS, LLC



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business

Mailing Address

17199 N. LAUREL PARK DRIVE, SUITE 224 LIVONIA. MI 48152 17199 N. LAUREL PARK DRIVE, SUITE 224 LIVONIA, MI 48152



DO NOT WRITE IN THIS SPACE

04182006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2270351

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered	office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent end title if applicable.	(NOTE, Registered Ac	gent signature required when reinstating)	DATE
F. D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGRM THE BARTECH GROUP, INC. 17199 N. LAUREL PARK DRIVE, SUITE 224 LIVONIA, MI 48152			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000546592 05/11/06-80123-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

11. I hereby certify that the information supplied with this filling 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 expurate 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 receiptr or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF MIGNING MANAGING

GING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/14/08

734 9535050

Daytime Phone ∉