

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90034 002 ****50.00

DOCUMENT # M05000003793																													
1. Entity Name INSITE SOLUTIONS, LLC																													
Principal Place of Business 3 MUIR WOODS COURT ANNAPOLIS, MD 21403			Mailing Address 3 MUIR WOODS COURT ANNAPOLIS, MD 21403																										
2. Principal Place of Business 354 WESTBURY DR Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 4187 Suite, Apt. #, etc.																											
City & State RIVA, MD		City & State ANNAPOLIS, MD		4. FEI Number 03-0485028																									
Zip 21140		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2371 EXECUTIVE PARK DRIVE WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																													
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
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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: _____ DATE: 7/29/06 Daytime Phone #: 410-598-9291																													