

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006634

Entity Name: INFOBRIDGE SOFTWARE, LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

5959 CENTRAL AVENUE  
SUITE 103  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

5959 CENTRAL AVENUE  
SUITE 103  
ST PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 20-3885669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUMBY, MICHAEL C  
11460 NINTH STREET  
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

CUMBY, MICHAEL C  
11460 NINTH STREET E  
TREASURE ISLAND, FL 33706 US

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.

SIGNATURE:

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CUMBY, MICHAEL C  
Address: 11460 NINTH STREET  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGR ( ) Delete  
Name: LOH, CHA T  
Address: 199 CHARTWELL ROAD  
City-St-Zip: OAKVILLE, ON L6J3Z7 CA

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CUMBY, MICHAEL C  
Address: 11460 NINTH STREET E  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL C CUMBY

MGR

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date