2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # M9800001531 1. Entity Name INSIGHT ELECTRONICS, LLC				05-03-2004 90131 005 ****50.00			
Principal Place of Business Mailing Address 5770 HOFFNER AVENUE 3721 VALLEY CENTRE DI SUITE 101 SAN DIEGO, CA 92130 ORLANDO, FL 32822 US			RIVE US				
2. Principal Place of Business		3. Mailing Address			<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262004 Chg-l			
City & State		City & State		4. FEI Number 33-0823149) - -	Applied For Not Applicable	
Zip	Country -	Zip	Country	5. Certificate of Status	Desired \$5.00 Ac Fee Require		
6. Name and Address of Current Registered Agent Name				7. Name and Address	7. Name and Address of New Registered Agent		
1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324	<u> </u>		dress (P.O. Box Number is Not A	(P.O. Box Number is Not Acceptable)		
Formation arms 1 - 201301			City	ware =	FL Zip Co	de	
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FI D	Signature, typed or printed name or registered agent as filing Fee is \$50.00——————————————————————————————————	xt title if applicable. (NUTE: H	legistered Agent signati	e required when reinstating)	DATE Make check payable to Florida Department of Sta		
9. MANAGING MEMBER		S/MANAGERS 10.		AD	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WORLEY, KAREN 3721 VALLEY CENTRE DRIVE SAN DIEGO, CA 92130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STHEET ADDRESS CITY-ST-ZIP	S LINDROTH, DOUG 14105 CAMINITO VISTANA SAN DIEGO, CA 92130	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Pace 371 VALLEY CE SAN DIESO CA	□ Change 2UTR & DR . 9 8130	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHWORTH, DAVID 17 THAMAS PARK ROAD OXFORDSHIRE, UK OX9-3XD,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENSON, ROY 17 THAMAS PARK ROAD OXFORDSHIRE, UK OX9-3XD;	☐ Delete	TITLE NAME STREET ADDRESS -CITY-ST-ZIP	hamakan wa Milihamaka ingga esi wanga	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDMARK, MICHAEL 3721 VALLEY CENTRE DRIVE SAN DIEGO, CA 92130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

CITY-ST-ZIP

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