

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008822

FILED
Jul 15, 2006
Secretary of State

Entity Name: INTERLINX TECHNOLOGIES, LLC

Current Principal Place of Business:

9088 STARPASS DRIVE
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

7824 MOUNT RANIER DRIVE
JACKSONVILLE, FL 32256 US

Current Mailing Address:

9088 STARPASS DRIVE
JACKSONVILLE, FL 32256 US

New Mailing Address:

7824 MOUNT RANIER DRIVE
JACKSONVILLE, FL 32256 US

FEI Number: 59-3629328 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, DAVID K
9088 STARPASS DRIVE
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

JOHNSON, DAVID K
7824 MOUNT RANIER DRIVE
JACKSONVILLE, FL 32256 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: _____

07/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, DAVID K
Address: 9088 STARPASS DRIVE
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, DAVID K
Address: 7824 MOUNT RANIER DRIVE
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID K. JOHNSON

MGR

07/15/2006

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