

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90029 023 ****55.00

DOCUMENT # L00000003281



1. Entity Name
ADVANCED DATABASE TECHNOLOGIES LLC

Principal Place of Business
4550 47TH ST. WEST
SUITE 503
BRADENTON, FL 34210

Mailing Address
4550 47TH ST. WEST
SUITE 503
BRADENTON, FL 34210

20016928

2. Principal Place of Business
6060 39TH CT. EAST
Suite, Apt. #, etc.

3. Mailing Address
6060 39TH CT. EAST
Suite, Apt. #, etc.



03072006 Chg-LLC CR2E083 (11/05)

City & State
BRADENTON, FL.

City & State
BRADENTON, FL.

4. FEI Number
65-0988630

Applied For
Not Applicable

Zip
34203

Country
USA

Zip
34203

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIAVONE, EUGENE
4550 47TH ST. WEST
SUITE 503
BRADENTON, FL 34210

7. Name and Address of New Registered Agent

Name
SCHIAVONE, EUGENE
Street Address (P.O. Box Number is Not Acceptable)
6060 39TH CT. EAST
City
BRADENTON, FL Zip Code
34203

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

Eugene Schiavone

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
SCHIAVONE, EUGENE Delete
STREET ADDRESS
4550 47TH ST W STE 503
CITY-ST-ZIP
BRADENTON, FL 34210

10. ADDITIONS/CHANGES

TITLE
NAME MGRM
SCHIAVONE, EUGENE Change Addition
STREET ADDRESS
6060 39TH CT. EAST
CITY-ST-ZIP
BRADENTON, FL 34203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP Delete

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CITY-ST-ZIP Change Addition

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CITY-ST-ZIP Delete

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STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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 *Eugene Schiavone* EUGENE SCHIAVONE 3-13-06 941-795-7277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #