

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054106

FILED
Mar 31, 2006
Secretary of State

Entity Name: MODCAST TECHNOLOGIES, L.L.C.

Current Principal Place of Business:

1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 65-0590949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
SUITE 201, ST. MARK'S PLACE
1930 SAN MARCO BOULEVARD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AEGIR INTERNATIONAL, INVESTMENTS, L T D.
Address: 1050 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: MURPHY, ROBERT L
Address: 437 TREATY OAK LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: SCALLAN, L. JOE
Address: 6 NORTH GATE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: MANTLE, RAY A
Address: 1050 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: LEPRELL, SAMUEL L
Address: 1930 SAN MARCO BLVD. SUITE 201
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Delete
Name: CONCEPT DEVELOPMENT, INTERNATIONAL, INC.
Address: 9954 MOORINGS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES:

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

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

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

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

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

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

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: JOE SCALLAN

MGRM

03/31/2006

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