

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070410

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

**Entity Name:** CONTACT CENTER TECHNOLOGIES LLC

**Current Principal Place of Business:**

4316 SUMMIT CREEK BLVD  
3304  
ORLANDO, FL 32837

**New Principal Place of Business:**

8103 CHAMPIONS CIRCLE  
203  
CHAMPIONS GATE, FL 33896

**Current Mailing Address:**

4316 SUMMIT CREEK BLVD  
3304  
ORLANDO, FL 32837

**New Mailing Address:**

8103 CHAMPIONS CIRCLE  
203  
CHAMPIONS GATE, FL 33896

FEI Number: 56-2634503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NGUYEN, BAO  
4316 SUMMIT CREEK BLVD  
3304  
ORLANDO, FL 32837 US

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

NGUYEN, BAO  
8103 CHAMPIONS CIRCLE  
203  
CHAMPIONS GATE, FL 33896 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: BAO NGUYEN

01/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NGUYEN, BAO  
Address: 4316 SUMMIT CREEK BLVD, APT# 3304  
City-St-Zip: ORLANDO, FL 32837 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NGUYEN, BAO  
Address: 8103 CHAMPIONS CIRCLE, APT# 203  
City-St-Zip: CHAMPIONS GATE, FL 33896 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: BAO NGUYEN

MGRM

01/18/2007

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