


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90077 018 \*\*\*143.75

**DOCUMENT # L06000119992**

1. Entity Name  
**NETWORK SENSING TECHNOLOGIES, LLC**



Principal Place of Business  
**2110 LEWIS TURN BLVD.**  
**FT. WALTON BEACH, FL 32457-1316**

Mailing Address  
**2110 LEWIS TURN BLVD.**  
**FT. WALTON BEACH, FL 32457-1316**

2. Principal Place of Business - No P.O. Box #  
**2110 LEWIS TURNER BLVD**

3. Mailing Address  
**2110 LEWIS TURNER BLVD**


Suite, Apt. #, etc.

City & State  
**FT. WALTON BEACH FL**

City & State  
**FT. WALTON BEACH FL**

Zip  
**32547-1316**

Country  
**US**



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**208055073**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CHALOUPKA, MICHAEL P**  
**2110 LEWIS TURNE BLVD.**  
**FT. WALTON BEACH, FL 32547-1316**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *M Chaloupka* **MICHAEL PRESIDENT** DATE **1/25/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHALOUPKA, DORALYN K 2110 LEWIS TURN BLVD. FT. WALTON BEACH, FL 324571316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHALOUPKA, MICHEL P 2110 LEWIS TURN BLVD. FT. WALTON BEACH, FL 324571316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEIMAN, MICHAEL S 2110 LEWIS TURN BLVD. FT. WALTON BEACH, FL 324571316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>2110 LEWIS TURNER BLVD</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>2110 LEWIS TURNER BLVD</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>2110 LEWIS TURNER BLVD</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *M Chaloupka* **MICHAEL PRESIDENT** DATE **1/25/08** DAYTIME PHONE # **850 226 4408**

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