

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013054

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: AUTOMATED STAIR CLIMB SYSTEMS, LLC

**Current Principal Place of Business:**

2210 DUPONT DRIVE  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

2210 DUPONT DR  
PENSACOLA, FL 32503 US

**Current Mailing Address:**

2210 DUPONT DRIVE  
PENSACOLA, FL 32503 US

**New Mailing Address:**

2210 DUPONT DR  
PENSACOLA, FL 32503 US

FEI Number: 20-8383991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, ELLIOTT  
2210 DUPONT DRIVE  
PENSACOLA, FL 32503 US

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

ROBERTS, ELLIOTT  
2210 DUPONT DR  
PENSACOLA, FL 32503 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:

02/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERTS, ELLIOTT  
Address: 2210 DUPONT DRIVE  
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGRM ( ) Delete  
Name: DUNN, KENNETH  
Address: 4814 WILLIAMS RD  
City-St-Zip: PACE, FL 32571 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBERTS, ELLIOTT  
Address: 2210 DUPONT DR  
City-St-Zip: PENSACOLA, FL 32503 US

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

I hereby certify that the information supplied with this filing does not qualify 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: ELLIOTT N ROBERTS

MGRM

02/13/2009

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