

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000005533

FILED
Jan 07, 2010
Secretary of State

Entity Name: GLOBAL ADVANCED SYSTEMS DEVELOPMENT, LLC

Current Principal Place of Business:

9728 FLORIDA MINING BLVD. SUITE 2
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

6877 PHILLIPS INDUSTRIAL BLVD.
ATTN: ACCOUNTING
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 30-0539066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN DYER DOPPELT MILBRATH & GILCHRIST, PA
1301 RIVERPLACE BLVD.
SUITE 1916
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
Name: PETERSON, KURT H
Address: 2006 RIVERGATE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM
Name: WELLS, TERRENCE C
Address: 166 SADDLEMEAD GREEN, N.E.
City-St-Zip: CALGARY, AB T3J4M7 CA

Title: MGRM
Name: WELLS, TERENCE P
Address: PO BOX 80
City-St-Zip: HEDLEY, BC VOX1KO,

Title: MGRM
Name: DAVIS, WILLIAM M
Address: 2854 SOUTHAMPTON DRIVE
City-St-Zip: MIDDLEBURY, FL 32068

Title: MGRM
Name: FLECKENSTEIN, ROBERT L
Address: 2604 TACITO TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM
Name: BOATWRIGHT, MAYLON
Address: 11620 LOIS CROSS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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: ROBERT L FLECKENSTEIN

MGRM

01/07/2010

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