

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000012725**

1. Entity Name

REVOLUTION TECHNOLOGIES, LLC



Principal Place of Business

4044 WEST LAKE MARY BV  
SUITE 309  
LAKE MARY, FL 32746

Mailing Address

4044 WEST LAKE MARY BV  
SUITE 309  
LAKE MARY, FL 32746



02032006 No Chg-LLC

CR2E083 11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number

65-1129030

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKER, THEODORE  
4044 WEST LAKE MARY BV  
SUITE 309  
LAKE MARY, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and (file if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PARKER, THEODORE
STREET ADDRESS	4044 WEST LAKE MARY BLVD., SUITE 309
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	MGR
NAME	MCNAMARA, GREGORY
STREET ADDRESS	4044 WEST LAKE MARY BLVD., SUITE 309
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000483814  
06/12/06-80013-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

TYPE - PHONE #

*Ted Parker* 3-28-06 407-275-7575