

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022066

FILED
Mar 22, 2006
Secretary of State

Entity Name: FLORIDA BUSINESS TECHNOLOGIES, LLC

Current Principal Place of Business:

631 N. WYMORE RD.
SUITE 150
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 940718
MAITLAND, FL 327940718

New Mailing Address:

FEI Number: 26-0000350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDING, ROBERT L ESQ.
20 NORTH EOLA DR.
ORLANDO, FL 32801 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 () Delete
Name: JAMES, MICHAEL T
Address: P.O. BOX 940718
City-St-Zip: MAITLAND, FL 327940718

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAMES, MICHAEL T PRES.
Address: P.O. BOX 940718
City-St-Zip: MAITLAND, FL 327940718

Title: MGRM () Change (X) Addition
Name: RAMSKI, RUSSELL VP
Address: P.O. BOX 940718
City-St-Zip: MAITLAND, FL 327940718

Title: MGRM () Change (X) Addition
Name: WALLIN, JANICE H VP
Address: P.O. BOX 940718
City-St-Zip: MAITLAND, FL 327940718

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: RUSSELL RAMSKI

VP

03/22/2006

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