

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014370

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: BLUELINE SIMULATIONS, LLC

**Current Principal Place of Business:**

218 E. BEARSS AVENUE, SUITE 419  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

7105 ANGLESEY CT.  
WAKE FOREST, NC 27587

**New Mailing Address:**

12400-2 WAKE UNION CHURCH RD  
STE 32  
WAKE FOREST, NC 27587

FEI Number: 03-0454932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, C.A.  
400 NORTH TAMPA STREET, SUITE 2300  
TAMPA, FL 33602 US

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

MOORE, C.A.  
201 NORTH FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602 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:

01/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GREGORY, C DANIEL  
Address: 7105 ANGLESEY CT.  
City-St-Zip: WAKE FOREST, NC 27587

Title: MGR ( ) Delete  
Name: MILLIKEN, DAVID  
Address: 16212 TALAVERA DE AVILA  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES:**

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

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: C DANIEL GREGORY

MR.

01/28/2008

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