2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# L02000014370

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:

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

New Mailing Address:

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.
201 NORTH FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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: 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 MGR 01/14/2009

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