

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023213

FILED
Apr 22, 2005
Secretary of State

Entity Name: THUNDERBOLT TECHNOLOGIES, LLC.

Current Principal Place of Business:

5335 CONROY RD
220
ORLANDO, FL 32811 US

New Principal Place of Business:

5301 CONROY RD
140
ORLANDO, FL 32811 US

Current Mailing Address:

5335 CONROY RD
220
ORLANDO, FL 32811 US

New Mailing Address:

5301 CONROY RD
140
ORLANDO, FL 32811 US

FEI Number: 46-0498098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BHATT, MAYANK S
5335 CONROY RD
220
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

BHATT, MAYANK S
5301 CONROY RD
140
ORLANDO, FL 32811 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:

04/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VALBY, ANIL I
Address: 5353 CONROY RD, STE 220
City-St-Zip: ORLANDO, FL 32811

Title: MGRM () Delete
Name: BHATT, MAYANK S
Address: 5353 CONROY RD, STE 220
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VALBY, ANIL I
Address: 5301 CONROY RD, STE 140
City-St-Zip: ORLANDO, FL 32811

Title: MGRM (X) Change () Addition
Name: BHATT, MAYANK S
Address: 5301 CONROY RD, STE 140
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAYANK BHATT

MGRM

04/22/2005

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