

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027471

**FILED**  
**Mar 08, 2006**  
**Secretary of State**

**Entity Name:** ALFA TECHNOLOGY SYSTEMS, L.L.C.

**Current Principal Place of Business:**

1270 TROPIC PARK DR  
SANFORD, FL 32773 US

**New Principal Place of Business:**

362 COMMERCE WAY, STE#116  
LONGWOOD, FL 32750 US

**Current Mailing Address:**

1270 TROPIC PARK DR  
SANFORD, FL 32773 US

**New Mailing Address:**

362 COMMERCE WAY, STE 116  
LONGWOOD, FL 32750 US

**FEI Number:** 38-3663583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SULEIMAN, RAZA A  
1115 POINTE COVE TERRACE #203  
LAKE MARY, FL 32746 US

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

SULEIMAN, RAZA A  
362 COMMERCE WAY, STE#116  
LONGWOOD, FL 32750 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: RAZA SULEIMAN

03/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SULEIMAN, RAZA A  
Address: 1270 TROPIC PARK DR  
City-St-Zip: SANFORD, FL 32773 US

Title: MGRM (X) Delete  
Name: JUMA, MURTAZA Y  
Address: 1270 TROPIC PARK DR  
City-St-Zip: SANFORD, FL 32773 US

Title: MGRM (X) Delete  
Name: PARPIA, PARVEEN  
Address: 1270 TROPIC PARK DR  
City-St-Zip: SANFORD, FL 32773 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SULEIMAN, RAZA A  
Address: 362 COMMERCE WAY, STE#116  
City-St-Zip: LONGWOOD, FL 32750 US

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 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: RAZA SULEIMAN

MGRM

03/08/2006

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