## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000001960

Entity Name: SEVA TECHNOLOGIES LLC

TALLAHASSEE, FL 32317 US

City-St-Zip:

FILED Apr 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 111 PROGRESS DR SUITE 109 TALLAHASSEE, FL 32304 **Current Mailing Address: New Mailing Address:** PO BOX 2616 TALLAHASSEE, FL 32316 FEI Number: 37-1456390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARCLAY, JAMES M 215 SOUTH MONROE STREET, SUITE 815 TALLAHASSEE, FL 32301 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/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete TILLMAN, JAMES P Name: Name: 284 TIMBERLANE RD. Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CUSHARD, TODD W Name: Name: Address: 151 DUNCAN DRIVE Address: City-St-Zip: CRAWFORDVILLE, FL 32327 US City-St-Zip: Title: MGRM Title: () Change () Addition () Delete OJILI, REDDY Name: Name: 8607 BANNERMAN BLUFF CT. Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 US City-St-Zip: Title: MGRM Title: () Change () Addition ( ) Delete Name: VERMA, SUNIL Name: 1208 GREENSWARD DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition FAUBLE, JASON Name: Name: 1138 SANDLER RIDGE RD. Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 City-St-Zip: Title: () Delete Title: () Change () Addition O'DONNELL, DANNY Name: Name: Address: 1290 CORDOVA CIRCLE Address:

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.

City-St-Zip:

SIGNATURE: TODD W. CUSHARD MGRM 04/04/2005