

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030869

FILED
May 01, 2006
Secretary of State

Entity Name: SPLIT PINE TECHNOLOGIES, L.L.C.

Current Principal Place of Business:

250 JOHN KNOX ROAD
SUITE 8
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

250 JOHN KNOX ROAD
SUITE 8
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 02-0701462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WADDILL, JOHN R
4239 S.E. ROBERTSON ROAD
STUART, FL 34997 US

Name and Address of New Registered Agent:

WADDILL, SAM B
250 JOHN KNOX ROAD
SUITE 8
TALLAHASSEE, FL 32303 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: SAM B. WADDILL

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WADDILL, JOHN R
Address: 4239 S.E. ROBERTSON ROAD
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: WADDILL, SAM B
Address: 250 JOHN KNOX ROAD, SUITE 8
City-St-Zip: TALLAHASSEE, FL 32303

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 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: SAM B. WADDILL

MGRM

05/01/2006

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