

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030869

FILED
Mar 09, 2007
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 ()

Name and Address of Current Registered Agent:

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

03/09/2007

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