

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003037

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: ADVANCED PIER TECHNOLOGY, LLC

**Current Principal Place of Business:**

8445 MORNINGSIDE DR  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

8445 MORNINGSIDE DRIVE  
BROOKSVILLE, FL 34601

**New Mailing Address:**

FEI Number: 20-0584422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CHICKONSKI, MASON W  
8445 MORNINGSIDE DR  
BROOKSVILLE, FL 34601 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: CHICKONSKI, MASON W  
Address: 8445 MORNINGSIDE DR  
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: MGRM ( ) Delete  
Name: CHICKONSKI, MICHELE R  
Address: 12815 AUSTIN COVE CT  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: YARKOSKY, MICHELE R  
Address: 17423 COBBLESTONE LANE  
City-St-Zip: CLERMONT, FL 34711

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: MICHELE YARKOSKY

MRS.

01/30/2007

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