


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L04000004188 1. Entity Name VOICE CONTROL PRODUCTS LLC |  |
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|--|--|
| Principal Place of Business 10 OLD TRAIL ROAD ENGLEWOOD, FL 34223 US | Mailing Address 10 OLD TRAIL ROAD ENGLEWOOD, FL 34223 US |
|--|--|

DO NOT WRITE IN THIS SPACE

FILED
Aug 11, 2008 08:00 AM
Secretary of State



08062008 No Chg-LLC

CR2E083 (12/07)

| | |
|---|--|
| 4. FEI Number 20-0621918 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HITCHCOCK, MYRON H
10 OLD TRAIL ROAD
ENGLEWOOD, FL 34223**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HITCHCOCK, MYRON H 10 OLD TRAIL ROAD ENGLEWOOD, FL 34223 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HUIZI, ANDREW H RES EL CATIRE, APT. 003 CALLE EL CRISTO ISLA MARGARITA VENEZUELA, |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000957499
08/11/08-80004-001 538.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Myron H Hitchcock* 08.06.08 941.460.9745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #