2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# L04000005220

Entity Name: TECHCEPT GROUP LLC

Current Principal Place of Business:

10225 FACET COURT
ORLANDO, FL 32836

New Principal Place of Business:

8269 VIA VIVALDI
ORLANDO, FL 32836

Current Mailing Address:

10225 FACET COURT
ORLANDO, FL 32836

New Mailing Address:

8269 VIA VIVALDI
ORLANDO, FL 32836

FEI Number: 03-0534965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWETITSCH, THOMAS W
10225 FACET COURT
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

SWETITSCH, THOMAS W
8269 VIA VIVALDI
ORLANDO, FL 32836 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: _____ 04/07/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SWETITSCH, THOMAS W
Address: 10225 FACET COURT
City-St-Zip: ORLANDO, FL 32836

Title: MGRM ( ) Delete
Name: SWETITSCH, LISA F
Address: 10225 FACET COURT
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SWETITSCH, THOMAS W
Address: 8269 VIA VIVALDI
City-St-Zip: ORLANDO, FL 32836

Title: MGRM (X) Change ( ) Addition
Name: SWETITSCH, LISA F
Address: 8269 VIA VIVALDI
City-St-Zip: ORLANDO, FL 32836

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.

SIGNATURE: THOMAS SWETITSCH MGRM 04/07/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date