


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90314 045 \*\*\*\*55.00

<b>DOCUMENT # L04000028116</b>	
<b>1. Entity Name</b> VANRACK TECHNICAL SYSTEMS, LLC	

<b>Principal Place of Business</b> 1926 S.W. 42ND WAY SUITE C GAINESVILLE FL 32607	<b>Mailing Address</b> P.O. BOX 140605 GAINESVILLE FL 32614-0605
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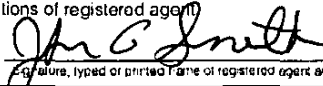
<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  RACKLEY, JERRY L 1926 SW 42ND WAY, SUITE C GAINESVILLE FL 32607	<b>7. Name and Address of New Registered Agent</b> Name <b>JOHN G. SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>3463 N.W. 13th STREET</b> City <b>GAINESVILLE</b> FL <b>32609-2172</b>
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**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  **JOHN G. SMITH C.P.A. APRIL 17, 2007**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RACKLEY, JERRY L 1926 SW 42ND WAY, STE. C GAINESVILLE FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **JERRY L RACKLEY** **APRIL 10, 2007** **352-335-8659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #