


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90027 008 ****50.00

DOCUMENT # L04000054106

1. Entity Name
 MODCAST TECHNOLOGIES, L.L.C.



Principal Place of Business
 1050 RIVERSIDE AVENUE
 JACKSONVILLE, FL 32204

Mailing Address
 1050 RIVERSIDE AVENUE
 JACKSONVILLE, FL 32204

2. Principal Place of Business - No P.O. Box #
 4745 Sutton Park Ct
 Suite, Apt. #, etc.
 SU 602


3. Mailing Address
 Same as # 2
 Suite, Apt. #, etc.

City & State
 Jacksonville FL

City & State

Zip
 32224

Country
 Duval



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 65-0590949

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
 SUITE 201, ST. MARK'S PLACE
 1930 SAN MARCO BOULEVARD
 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name
 MANTLE, RAY A

Street Address (P.O. Box Number is Not Applicable)
 4745 SUTTON PARK CT
 SUITE 602

City
 JACKSONVILLE FL

Zip Code
 32224

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 Ray A. Mantle DATE 4/25/07

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

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AEGIR INTERNATIONAL INVESTMENTS, LTD. 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, ROBERT L 437 TREATY OAK LANE ST. AUGUSTINE, FL 32092 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCALLAN, L. JOE 6 NORTH GATE DRIVE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANTLE, RAY A 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEPRELL, SAMUEL L 1930 SAN MARCO BLVD. SUITE 201 JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONCEPT DEVELOPMENT INTERNATIONAL, INC. 9954 MOORINGS DRIVE JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMATHERS, BRUCE A. 4051 TIMUQUANA RD JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 melrose Ct. Ponte Vedra Beach, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4745 Sutton Park Ct. Ste 602 Jacksonville, FL 32224
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"/> Change <input type="checkbox"/> Addition

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: [Signature] Date 4-25-07 Daytime Phone # 9048219991

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