

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90016 018 ****50.00

DOCUMENT # L04000054393 1. Entity Name MTI, LLC			
Principal Place of Business 16293 COCO HAMMOCK WAY SUITE 201 FORT MYERS, FL 33908 US		Mailing Address 16293 COCO HAMMOCK WAY SUITE 201 FORT MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box # 1337 NE 33rd Ter Suite, Apt. #, etc.		3. Mailing Address 1337 NE 33rd Ter Suite, Apt. #, etc.	
City & State Cape Coral, FL Zip 33909 Country US		City & State Cape Coral, FL Zip 33909 Country US	
4. FEI Number 20-1400699		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 FERDINAND, ACKERMANN ESQ. 13740 DOWNING LANE Y-1 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Ferdinand Ackermann Street Address (P.O. Box Number is Not Acceptable) 1337 NE 33rd Ter City Cape Coral FL Zip Code 33909	
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  FERDINAND Ackermann 09/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR FERDINAND, ACKERMANN 13740 DOWNING LANE Y-1 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1337 NE 33rd Ter Cape Coral, FL 33909 US	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR OVIDIU, URSU 13740 DOWNING LANE Y-1 FORT MYERS, FL 33919	<input checked="" 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
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
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 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: 		Sgy 9/11/07 202-448-5193 <small>Date Daytime Phone #</small>	