## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000004042

1. Entity Name ENCORE TECHNOLOGIES, LLC



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

375 TERRACE DRIVE OVIEDO, FL 32765 Mailing Address

375 TERRACE DRIVE OVIEDO, FL 32765



01302007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2857613 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VAN DYKE, TIMOTHY H 390 N. ORANGE AVE. ORLANDO, FL 32801

SIGNATURE:

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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent algorithms required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS  ITILE MGRM  SARAVANJA, JOHN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  Prilling Fee is \$50.00  Due by May 1, 2007  MANAGING MEMBERS/MANAGERS  TITLE MGRM SARAVANJA, JOHN
9. MANAGING MEMBERS/MANAGERS  TITLE MGRM  SARAVANJA, JOHN
MGRM NAME SARAVANJA, JOHN
NAME SARAVANJA, JOHN
· ·
STREET ADDRESS   375 TERRACE DRIVE
CITY-ST-ZIP OVIEDO, FL 32765
TILE MGRM 02/21/07-80001-015 50.00
NAME IKELER, MARK
STREET ADDRESS 9936 BAY VISTA ESTATES BLVD.
CITY-ST-ZIP ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-7IP  DO NOT WRITE
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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.

MEMBER, OR AUTHORIZED REPRESENTATIVE

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