

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044532

Entity Name: SPATIAL TECHNOLOGIES, LLC

FILED  
Feb 29, 2008  
Secretary of State

**Current Principal Place of Business:**

8660 ASTRONAUT BL  
STE 202  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1221  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

FEI Number: 32-0153032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUGHES, HEIDI A  
1265 POTOMAC DRIVE  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HUGHES, HEIDI A  
Address: 1265 POTOMAC DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGRM ( ) Delete  
Name: HUGHES, SHERRY D  
Address: 5019 S. A1A HWY  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: HUGHES, SHERRY D  
Address: P.O. BOX 1221  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HEIDI HUGHES

PRES

02/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date