3/29/2006-90018-025-$50.00-$50.00
3

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -2 PM 3:27

DOCUMENT # L05000054232

1. Entity Name
ABSOLUTE TECHNOLOGY, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 17211 SE 160TH AVE RD<br>WEIRSDALE, FL 32195 US | 17211 SE 160TH AVE RD<br>WEIRSDALE, FL 32195 US |

03162006 Chg-LLC CR2E083 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 17211 SE 160th Ave Rd<br>Suite, Apt. #, etc. | 17211 SE 160th Ave Rd<br>Suite, Apt. #, etc. |
| City & State: Weirsdale FL | City & State: Weirsdale FL |
| Zip: 32195 County: Marion | Zip: 32195 County: Marion |

4. FEI Number: 20-2933108 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ENGSTROM, EDWARD F JR
17211 SE 160TH AVE. RD.
WEIRSDALE, FL 32195

7. Name and Address of New Registered Agent

Name: Edward F Engstrom Jr
Street Address (P.O. Box Number is Not Acceptable): 17211 SE 160th Ave Rd
City: Weirsdale FL Zip Code: 32195

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: _____ DATE: _____
Signature, name or printed name of registered agent and title if applicable — PHONE: Registered Agent signature required when changing

**Filing Fee is $50.00**
**Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGERS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR.<br>Edward F. Engstrom Jr.<br>17211 SE 160th Ave Rd<br>Weirsdale, FL. 32195 | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete |

10. ADDITIONS/CHANGES

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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 605, Florida Statutes.

SIGNATURE: Edward F Engstrom Jr 3-25-06 352-821-6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #