

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000055256

Entity Name: TECHCOMPS LLC

**FILED**  
**Mar 28, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2614 NE 18TH TERRACE  
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

**Current Mailing Address:**

9552 SOUTHBROOK DRIVE  
JACKSONVILLE, FL 32256

**New Mailing Address:**

2614 NE 18TH TERRACE  
GAINESVILLE, FL 32609

FEI Number: 20-3036632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CURETTE, HAROLD A JR  
9552 SOUTHBROOK DRIVE  
JACKSONVILLE, FL 32256 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: VP ( ) Change (X) Addition  
Name: THIBAUT, WILLIAM C MR  
Address: 512 SE 5TH AVE  
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the 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: HAROLD A. CURETTE

PD

03/28/2006

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