

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90062 028 \*\*\*\*50.00

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<b>DOCUMENT # L05000090479</b> 1. Entity Name <b>HI-TECH AUTOMATION, LLC</b>					
Principal Place of Business <b>1838 BRIDGEVIEW CIRCLE ORLANDO, FL 32824</b>			Mailing Address <b>1838 BRIDGEVIEW CIRCLE ORLANDO, FL 32824</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>13757 Ridgeway Rd.</b> City & State <b>Orlando Florida</b> Zip <b>32837</b>		3. Mailing Address Suite, Apt. #, etc. <b>13757 Ridgeway Rd.</b> City & State <b>Orlando Florida</b> Zip <b>32837</b>		03282006    Chg-LLC    CR2E083 (11/05) 4. FEI Number <b>57-1224060</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>ESPINOSA, SAMUEL</b> <input type="checkbox"/> Delete <b>1838 BRIDGEVIEW CIRCLE</b> <b>ORLANDO, FL 32824</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR - International</b> <input type="checkbox"/> Delete <b>Maldonado, Joselin</b> <b>13757 Ridgeway Rd</b> <b>Orlando FL 32837</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM - Assistant</b> <input type="checkbox"/> Delete <b>Espinosa, Nashalee</b> <b>1838 Bridgeview Cir</b> <b>Orlando FL 32824</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
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"/> Change <input type="checkbox"/> Addition				
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"/> 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.					
<b>SIGNATURE:</b> <u>Nashalee Espinosa</u> <b>3/29/06</b> <b>407-574-7171</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					