## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000092299

City-St-Zip:

Entity Name: COMPUTING TECHNOLOGIES ASSOCIATES, LLC

FILED Mar 25, 2006 Secretary of State

| Current Principal Place of Business:                    |   |                       | New Principal Place of Business:            |                    |  |  |
|---|---|-----------------------|---|--------------------|--|--|
| 801 SOUTH OLIVE<br>WEST PALM BEAG                       |   | 9                     |   |                    |  |  |
| Current Mailing Address:                                |   |                       | New Mailing Address:                        |                    |  |  |
| 801 SOUTH OLIVE<br>WEST PALM BEAG                       |   | 9                     |   |                    |  |  |
| FEI Number: 65-12593                                    | Number: 65-1259329 FEI Number Applied For ( ) |                       | FEI Number Not Applicable ( )               |                    | Certificate of Status Desired (X)  |  |
| Name and Addres   | gistered Agent:                               | Name an               | Name and Address of New Registered Agent:   |                    |  |  |
| HAILE, SHAW & P<br>660 U.S. NO. 1, 3R<br>NORT PALM BEAG | RD FLOOR                                      | R, P.A.<br>US         |   |                    |  |  |
| The above named in the State of Flori                   |   | s statement for the p | ourpose of changing                         | its registe        | ered office or registered agent, or both   |  |
| SIGNATURE:  |   |                       |   |                    |  |  |
| Electronic Signature of Registered Agent                |   |                       | ent   | Date               |  |  |
| MANAGING MEMBERS/MANAGERS:                              |   |                       | ADDITIONS                                   | ADDITIONS/CHANGES: |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:             | ( ) Delete                                    |                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | 801 S. C           | () Change (X) Addition<br>BASSO, MARY D PRES<br>DLIVE AVE.<br>PALM BEACH, FL 33401 |  |
| Title:<br>Name:<br>Address:                             | ( ) Delete                                    |                       | Title:<br>Name:<br>Address:                 |                    | ( ) Change (X) Addition<br>S, HAROLD CFO<br>SLIVE AVE.                             |  |

City-St-Zip: WEST PALM BEAC, FL 33401

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: MARY D. CAMPOBASSO MRS. 03/25/2006