

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092891

FILED
Jan 29, 2006
Secretary of State

Entity Name: HYBRID TECHNICAL SOLUTIONS, LLC

Current Principal Place of Business:

PO BOX 647
TALLAHASSEE, FL 32302 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 647
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 20-3517122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWCOMBE, CHRISTOPHER A
3562 VELDA WOODS DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

NEWCOMBE, CHRISTOPHER A
1976 GINA LANE
TALLAHASSEE, FL 32303 US

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:

01/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEWCOMBE, CHRISTOPHER A
Address: 3562 VELDA WOODS DRIVE
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: MGR () Delete
Name: NILSON, JONATHAN C
Address: 6593 MAN O WAR TRAIL
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NEWCOMBE, CHRISTOPHER A
Address: 1976 GINA LANE
City-St-Zip: TALLAHASSEE, FL 32303 US

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

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: CHRISTOPHER A. NEWCOMBE

MGR

01/29/2006

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