2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2006
Secretary of State

DOCUMENT# L05000099254

Entity Name: CYBERTECH SYSTEMS LLC

Current Principal Place of Business:

1584 TROPIC PARK DR.
SUITE 1584
SANFORD, FL 32773 US

New Principal Place of Business:

Current Mailing Address:

1584 TROPIC PARK DR.
SUITE 1584
SANFORD, FL 32773 US

New Mailing Address:

FEI Number: 20-3739299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JUSAB, SUHAILABBAS S
2144 NORTHUMBRIA DRIVE
SANFORD, FL 32771 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: P ( ) Delete
Name: JUSAB, SUHAILABBAS S
Address: 2144 NORTHUMBRIA DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: VP (X) Delete
Name: KHAKI, FIDAHUSSEIN M
Address: 2144 NORTHUMBRIA DRIVE
City-St-Zip: SANFORD, FL 32771 US

Title: VP ( ) Delete
Name: JAFFER, ZULFIKAR A
Address: 2144 NORTHUMBRIA DRIVE
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES:

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

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

Title: VP (X) Change ( ) Addition
Name: JAFFER, ZULFIKAR A
Address: 113 BELGIAN WAY
City-St-Zip: SANFORD, FL 32773 US

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: SUHAILABBAS P 02/25/2006

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