

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000116670

1. Entity Name
ADVANCED COMPUTER TECHNOLOGY, LLC



Principal Place of Business
800 E DOTY BRANCH LANE
JACKSONVILLE, FL 32259 US

Mailing Address
2714 182ND PLACE
REDONDO BEACH, CA 90278 US



08082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4248547

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

Filing Fee is \$50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAPIZZI, JAMES N
2714 182ND PLACE
REDONDO BEACH, CA 90278

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BENEDETTO, MICHAEL N
800 E DOTY BRANCH LANE
JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STILLEY, KENNETH J
12122 DARNLEY ROAD
WOODBIDGE, VA 22192

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
IFFLAND, JOHN E
1692 BELLSHIRE COURT
WESTLAKE VILLAGE, CA 91362

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000772746
08/28/07-90001-020 50.00

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IN THIS SPACE**

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

904
8-24-07 287-8053