

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90090 038 \*\*\*\*55.00

<b>DOCUMENT # L06000005945</b>					
<b>1. Entity Name</b> TECHCOM GROUP LLC					
<b>Principal Place of Business</b> 4830 N2 43RD ST. UNIT D-64 GAINESVILLE, FL 32606			<b>Mailing Address</b> 4830 N2 43RD ST. UNIT D-64 GAINESVILLE, FL 32606		
<b>2. Principal Place of Business - No P.O. Box #</b> 4830 NW 43rd St.		<b>3. Mailing Address</b> 4830 NW 43rd St.			
Suite, Apt. #, etc. Unit D-64		Suite, Apt. #, etc. Unit D-64		01172007    Chg-LLC    CR2E083 (12/06)	
City & State Gainesville, FL		City & State Gainesville, FL		<b>4. FEI Number</b> 34-1984095	
Zip 32606		Country USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ANFINSEN, JON 10000 SW 52ND AVE UNIT 177 GAINESVILLE, FL 32608			<b>7. Name and Address of New Registered Agent</b> Name: Jon Anfinson Street Address (P.O. Box Number is Not Acceptable): 4830 NW 43rd Street Unit D-64 City: Gainesville    FL    Zip Code: 32606		
<b>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.</b>					
SIGNATURE: <i>Jon R Anfinson</i> (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANFINSEN, JON 16016 NORTHWEST 78TH AVE. ALACHUA, FL 32615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANFINSEN, JONATHAN 9670 MURDOCH GOSHEN RD. LOVELAND, OH 45140	<input checked="" 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				
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>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>					
<b>SIGNATURE:</b> <i>Jon R Anfinson</i>				Date: (352) 271-5111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					