2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

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Entity Name: ADAPTIVE ENGINEERING SOLUTIONS, LLC

Current Principal Place of Business:

1620 TAMIAMI TRAIL SUITE 320
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1600 TAMIAMI TRAIL
SUITE 200
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 20-4705282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGNER, E. JOHN II
200 SOUTH ORANGE AVE.
SARASOTA, FL 34236 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:	MGR	( ) Delete
Name:	EVANS, P.E., JOSEPH R	
Address:	1620 TAMIAMI TRAIL SUITE 320	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	MGR	( ) Delete
Name:	OTERO, OSVALDO F	
Address:	1620 TAMIAMI TRAIL SUITE 320	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	MGR	( ) Delete
Name:	OTERO, YHOVANNI	
Address:	1620 TAMIAMI TRAIL SUITE 320	
City-St-Zip:	PORT CHARLOTTE, FL 33948	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: OSVALDO F. OTERO MGR 04/26/2007

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