2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90262 024 ***138.75

1. Entity Name	MENT #L060000425 Y TECHNOLOGIES, LLC	568				,	03-31-2008		24 *** 136		
Principal Place	e of Business	Mailing Address			1		. •				
2290 SR 60 N MULBERRY, F		P. O. BOX 6978 Seffner, Fl. 33583	US			•	600	18050			
WOLDERKI, I	2 33000 03	DETTIMENT OF STREET			ļ	1 IEDIJEN BIJ	- -			II (1) (II)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03022008	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State			4. FEI Numbe			<u> </u>	olied For Applicable		
Zip	Country	Zip Country		try		5. Certificate	of Status Desired		\$5.00 Addi		
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registered a	Agent	_	
GANS ST	EPHEN C			Name							
GANS, STEPHEN C 924 HICKORY FORK DR.				Street Ac	treet Address (P.O. Box Number is Not Acceptable)						
SEFFNER,									_		
	• •	City						FL	Zip Code)	
	named entity submits this statement for	the purpose of changing its	register	ed office or	registere	d agent, or bot	th, in the State of I	Florida. I am	familiar with,	and accept	
the obligati	ions of registered agent.					•		. :_ •			
SIGNATURE.	Signature, typed or printed name of registered agent of	and title if applicable. (NOTE	: Registere	d Agent signatu	ure required w	hen reinstating)		DATE			
After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		,					ake check p da Departn	eayable to lent of State		
After May	/ 1, 2008 Fee will be \$538.75		10.		. .	-	Flori		ent of State		
9.	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBE		TITL		mai	-	ADDITION	da Departin	ent of State	™ Addition	
After May	/ 1, 2008 Fee will be \$538.75	RS/MANAGERS	TITL		MG1 Stei	RM PHEN I	ADDITION	da Departin	ent of State		
9. IITLE NAME	MANAGING MEMBE MGRM GANS, MICHAEL R 924 HICKORY FORK DR. SEFFNER, FL 33584	RS/MANAGERS	TITL NAM STR	IE .	man Ster 924 SEF	RM HEN Hickor ENER	Flori	da Departin	Change	™ Addition	
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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.

STROKEN GAMS

OFFRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE