2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

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Entity Name: BIOMETRIC PRINT TECHNOLOGIES, LLC

Current Principal Place of Business:

215 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

215 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 86-1177240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARPE, JAMES R
215 N. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 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:	MGRM	( ) Delete
Name:	SHARPE, JAMES R	
Address:	215 N. WESTMONTE DR	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:	MGRM	( ) Delete
Name:	BLACKARD, FRANK S	
Address:	215 N. WESTMONTE DR.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:	MGR	( ) Delete
Name:	RHODES, JEFFREY	
Address:	215 N. WESTMONTE DR.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:	MGR	(X) Delete
Name:	HUISMAN, RYAN J	
Address:	215 N. WESTMONTE DR.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
Title:	MGR	(X) Delete
Name:	ROE, PETER R JR	
Address:	215 N. WESTMONTE DR.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	HUISMAN, RYAN J	
Address:	215 N. WESTMONTE DR.	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714 US	
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: JAMES R. SHARPE MGRM 04/26/2007

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