## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000078224

Entity Name: BIOMETRIC PRINT TECHNOLOGIES, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

215 N. WESTMONTE DRIVE 102 OLD HICKORY CT

ALTAMONTE SPRINGS, FL 32714 US LONGWOOD, FL 32750 US

Current Mailing Address: New Mailing Address:

215 N. WESTMONTE DRIVE 102 OLD HICKORY CT

ALTAMONTE SPRINGS, FL 32714 US LONGWOOD, FL 32750 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHARPE, JAMES R
215 N. WESTMONTE DR
SHARPE, JAMES R
102 OLD HICKORY CT.

215 N. WESTMONTE DR 102 OLD HICKORY CT. ALTAMONTE SPRINGS, FL 32714 US LONGWOOD, FL 32750 US

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.

ADDITIONS/CHANGES:

SIGNATURE: 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: SHARPE, JAMES R Name: SHARPE, JAMES R
Address: 215 N. WESTMONTE DR Address: 102 OLD HICKORY CT

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: HUISMAN, RYAN J Name: HUISMAN, RYAN J

Address: 215 N. WESTMONTE DR. Address: 102 OLD HICKORY CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 RHODES, JEFFREY
 Name:
 RHODES, JEFFREY

 Address:
 215 N. WESTMONTE DR.
 Address:
 102 OLD HICKORY CT

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714 US
 City-St-Zip:
 LONGWOOD, FL 32750 US

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 04/30/2009