

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091804

FILED  
Feb 04, 2008  
Secretary of State

Entity Name: VIRTUAL DRIVE SOLUTIONS LLC

**Current Principal Place of Business:**

1200 WHITE DRIVE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

1200 WHITE DRIVE  
TITUSVILLE, FL 32780

**New Mailing Address:**

FEI Number: 20-5641355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHARP, BRIAN M  
1200 WHITE DRIVE  
TITUSVILLE, FL 32780 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: SHARP, BRIAN M  
Address: 5460 WENDY LEE DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: MGR (X) Delete  
Name: KLUPENGER, WILLIAM  
Address: 1315 HOBBS PLACE  
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR (X) Delete  
Name: SHARP, DAVID W  
Address: 4614 NORTH INDIAN RIVER DRIVE  
City-St-Zip: COCOA, FL 32927

**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: BRIAN SHARP

MR

02/04/2008

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