

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000096070					
1. Entity Name <b>VXL TECHNOLOGY L.L.C.</b>					
Principal Place of Business <b>8130 VIBURNUM CT TALLAHASSEE, FL 32312</b>			Mailing Address <b>8130 VIBURNUM CT TALLAHASSEE, FL 32312</b>		
2. Principal Place of Business - No P.O. Box # <b>8130 VIBURNUM CT</b>		3. Mailing Address <b>8130 VIBURNUM CT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>TALLAHASSEE, FL</b>		City & State <b>TALLAHASSEE, FL</b>		4. FEI Number <b>20-5654078</b>	
Zip <b>32312</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SUNKARANENI, SRIDHAR 8130 VIBURNUM CT TALLAHASSEE, FL 32312</b>			7. Name and Address of New Registered Agent Name <b>SRIDHAR SUNKARANENI</b> Street Address (P.O. Box Number is Not Acceptable) <b>8130 VIBURNUM CT</b> City <b>TALLAHASSEE</b> FL Zip Code <b>32312</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>SRIDHAR SUNKARANENI</b> DATE <b>07/16/2007</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>BK</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNKARANENI, SRIDHAR 2415 OLD ST. AUGUSTINE RD., #423 TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400106503944</b> <b>07/20/07--01036--020 **50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDDY, NEERAJA 8130 VIBURNUM CT TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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.					
SIGNATURE:  <b>NEERAJA REDDY</b>			Date <b>07-16-2007</b> Daytime Phone # <b>850-339-9004</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



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