2007 LIMITED LIABILITY COMPANY

Apr 16, 2007 8:00 am Secretary of State ANNUAL REPORT 04-16-2007 90343 002 ****55.00 DOCUMENT # L06000099481 1. Entity Name MNEMONICS, LLC Principal Place of Business Mailing Address 60036799 3900 DOW ROAD 3900 DOW ROAD SUITE R SUITE R MELBOURNE, FL 32934 MELBOURNE, FL 32934 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable 20-5700283 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KANCILIA, JOHN R 1800 W. HIBISCUS BOULEVARD Street Address (P.O. Box Number is Not Acceptable) SUITE 138 MELBOURNE, FL 32901 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Detete TITLE Change ☐ Addition PRESIDENT THOMPSON, ROBERT W NAME NAME THOMPSON, ROBERT W. 3900 DOW ROAD, SUITE A MELBOURNE, FL 32934 STREET ADDRESS 3900 DOW ROAD, SUITE A STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32934 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 plastee empowered to execute this report as required by Chapter 608, Florida Statutes.

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: Robert W. Thompson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

/3/07

321<u>-253-7323</u>

☐ Chance

☐ Addition

Daytime Phone #

FILED