

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099933

Entity Name: UCT NANOTECHNOLOGY, LLC

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

7825 SW ELLIPSE WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

7825 SW ELLIPSE WAY
STUART, FL 34997

New Mailing Address:

FEI Number: 20-5754693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOYD, THOMAS C
2520 SAND MIND ROAD
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

FLOYD, THOMAS C
2520 SAND MINE ROAD
DAVENPORT, FL 33897 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.

SIGNATURE: THOMAS C. FLOYD

04/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PD () Change (X) Addition
Name: BOURRET, RICHARD H
Address: 7825 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34997

Title: PD () Change (X) Addition
Name: DEVERS, DANIEL J
Address: 2520 SAND MINE ROAD
City-St-Zip: DAVENPORT, FL 33897

Title: D () Change (X) Addition
Name: FLOOD, PETER
Address: 7825 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS C. FLOYD

PDC

04/19/2007

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