

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007143

FILED
Jan 14, 2008
Secretary of State

Entity Name: ERGO-ASYST TECHNOLOGY LLC

Current Principal Place of Business:

11530 FOUNTAINHEAD DR.
TAMPA, FL 33626

New Principal Place of Business:

527 BEARDSLEY LANE
AUSTIN, TX 78746 US

Current Mailing Address:

11530 FOUNTAINHEAD DR.
TAMPA, FL 33626

New Mailing Address:

527 BEARDSLEY LANE
AUSTIN, TX 78746 US

FEI Number: 20-8273155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURAK, JR., WILLIAM E
11530 FOUNTAINHEAD DR.
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

PALAY, FREDERIC
17176 BONITA LANE WEST
SUGARLOAF KEY, FL 33042 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: FREDERIC PALAY

01/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PALAY, FREDERIC
Address: 17176 BONITA LANE
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: MGR () Delete
Name: BURAK, WILLIAM
Address: 411 WALNUT ST #2854
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BURAK, WILLIAM
Address: 527 BEARDSLEY LANE
City-St-Zip: AUSTIN, TX 78746

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: WILLIAM E. BURAK JR., MD

MGR

01/14/2008

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