2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055412

Entity Name: TRANSTEK ADVANTAGE LLC

FILED Jan 07, 2008 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|--|--------------|--------------------------------|---------|---|--------------------------|--|
| 1650 PRUDENTIAL DRIVE SUITE 210 JACKSONVILLE, FL 32207 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| 1650 PRUDENTIAL DRIVE SUITE 210 JACKSONVILLE, FL 32207 | | | | | | |
| FEI Number: | 26-0467583 | FEI Number Applied For () | FEI Nun | nber Not Appli | icable () | Certificate of Status Desired () |
| Name and | Address of C | urrent Registered Agent: | | Name and | Address o | f New Registered Agent: |
| KELLY, TIMOTHY P 1016 LASALLE STREET SECOND FLOOR JACKSONVILLE, FL 32207 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. | | | | | | |
| SIGNATUR | | c Signature of Registered Agen | ıt | | | Date |
| MANAGING MEMBERS/MANAGERS: | | | | ADDITIONS/CHANGES: | | |
| Title: Name: Address: City-St-Zip: | MASSIVE OAKS | IAL DRIVE, SUITE 210 | | Title: Name: Address: City-St-Zip: | | () Change () Addition |
| Title: Name: Address: City-St-Zip: | () | Delete | | Title: Name: Address: City-St-Zip: | JOHNSON, F 1650 PRUDI | () Change (X) Addition PAMELA C CEO ENTIAL DR., STE. 210 LLE, FL 32207 |
| Title: Name: Address: City-St-Zip: | () | Delete | | Title: Name: Address: City-St-Zip: | JOHNSON, N 1650 PRUDI | ()Change(X)Addition MARVIN K PD ENTIAL DR., STE 210 LLE, FL 32207 |
| Title: Name: Address: City-St-Zip: | () | Delete | | Title: Name: Address: City-St-Zip: | JOHNSON, J 1650 PRUDI | () Change (X) Addition JENNIFER L SEC ENTIAL DR., STE 210 LLE, FL 32207 |
| Title: Name: Address: City-St-Zip: | () | Delete | | Title: Name: Address: City-St-Zip: | JOHNSON, 3 1650 PRUDI | ()Change(X)Addition JEREMY K TREA ENTIAL DR., STE. 210 LLE, FL 32207 |

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: PAMELA C. JOHNSON CEO 01/07/2008