2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2008
Secretary of State

DOCUMENT# L07000094095

Entity Name: SIMULATION TECHNOLOGY LLC

Current Principal Place of Business:

755 WEST S.R. 434
SUITE H
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1809 EAST BROADWAY
349
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 26-0901489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SHEPPARD, JULIE P
2184 GENOVA DRIVE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SHEPPARD, JULIE P	
Address:	2184 GENOVA DRIVE	
City-St-Zip:	OVEIDO, FL 32765 US	
Title:	MGRM	( ) Delete
Name:	CASE, RUSSELL L JR.	
Address:	P.O. BOX 621237	
City-St-Zip:	OVIEDO, FL 32762 US	

ADDITIONS/CHANGES:

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

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: JULIE P. SHEPPARD PRES 05/10/2008

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