

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094095

Entity Name: SIMULATION TECHNOLOGY LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

1335 BENNETT DRIVE  
NO. 145  
LONGWOOD, FL 32750 US

## 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 ( )

## 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

MGRM

04/28/2009

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