


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90261 043 ***143.75

DOCUMENT # L07000117423

1. Entity Name
 999 TECHNOLOGIES LLC



Principal Place of Business
 11 SAINT GILES ROAD
 PALM BEACH GARDENS, FL 33418 US

Mailing Address
 P.O. BOX 31632
 PALM BEACH GARDENS, FL 33420-1632 US

60015158



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02272008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
 26-1478202

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BURKHART, PAUL J ESQ.
 800 VILLAGE SQUARE CROSSING
 SUITE 115
 PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent
 Name PINEIRO, WORTMAN & BYRD, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 4600 MILITARY TRAIL
 SUITE 212
 City JUPITER FL Zip Code 33458

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 3/14/08

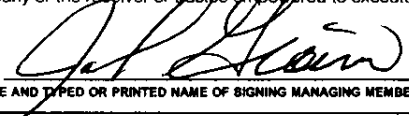
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIAIMO, JOHN A <input type="checkbox"/> Delete 11 SAINT GILES ROAD PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIVENS, JASON <input checked="" type="checkbox"/> Delete 2649 HONEY ROAD NORTH PALM BEACH, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELA, ADAM <input checked="" type="checkbox"/> Delete 12900 157TH STREET NORTH JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE: 3/6/08 DAYTIME PHONE #: 561-627-8381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #