


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90171 028 \*\*\*138.75

<b>DOCUMENT # L07000119383</b>					
1. Entity Name <b>ACTIVE DIMENSION, LLC</b>					
Principal Place of Business <b>1631 ROCK SPRINGS RD. SUITE 350 APOPKA, FL 32712 US</b>			Mailing Address <b>1631 ROCK SPRINGS RD. SUITE 350 APOPKA, FL 32712 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>26-1487267</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	



02292008 Chg-LLC CR2E083 (12/06)


6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CLAUDE, VINCENT A 1631 ROCK SPRINGS RD. SUITE 350 APOPKA, FL 32712</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOOKSTAFF, BLAKE L</b>	NAME	
STREET ADDRESS	<b>5201 KINGSTON PIKE, SUITE 6325</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>KNOXVILLE, TN 37919</b>	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COMPATIBLE TECHNOLOGIES OF ORLANDO, INC.</b>	NAME	<b>MGRM</b>
STREET ADDRESS	<b>466 CHINA HILL COURT</b>	STREET ADDRESS	<b>V. CLAUDE, LP</b>
CITY-ST-ZIP	<b>APOPKA, FL 32712</b>	CITY-ST-ZIP	<b>466 CHINA HILL COURT</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MGRM</b>
STREET ADDRESS		STREET ADDRESS	<b>BOB HART</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>5201 KINGSTON PIKE, SUITE 6325</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **MANAGER MEMBER** 03/24/08 865-330-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #