

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001130

FILED
Apr 29, 2005
Secretary of State

Entity Name: AMERICAN COMPUTER AIDED ENGINEERING, LLC

Current Principal Place of Business:

1057 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1057 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3561678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREZINSKY, LEANN M
20 NORTH ORANGE AVENUE, SUITE 1000
ORLANDO, FL 328014626 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/MEMBERS:

Title: MGR () Delete
Name: BASTEN, WILLIAM J
Address: 1057 MAITLAND CENTER COMMONS BLVD.
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: ROBINSON, CLIVE
Address: 1057 MAITLAND CENTER COMMONS BLVD.
City-St-Zip: MAITLAND, FL 32751

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: BASTEN, YVONNE M
Address: 1057 MAITLAND CENTER COMMONS BLVD.
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM J. BASTEN

MGR

04/29/2005

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