L99000001130

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001130

1. Entity Name

American Computer Aided Engineering, LLC

FILED

03 JAN 28 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1057 Maitland Center Commons Blvd.	SAme as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland	City & State
Zip: FL / Country: Orange	Zip: 32751 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3561678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Leanne M Brezinsky

Street Address (P.O. Box Number is Not Acceptable): 20 N. Orange AVe., Suite 1000

City: Orlando FL Zip Code: 32801

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: Leanne M Brezinsky DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager William J. Basten 1057 Maitland Center Commons Blvd Maitland, FL 32751
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Clive Robinson 1057 Maitland Center Commons Blvd Maitland, FL 32751
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300010134133 01/15/03--01046--021 **100.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300010134133 01/28/03--01095--002 **100.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IN THIS SPACE BK
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2002-2003
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BK

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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 1/9/03 407-660-3140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #