2006 LIMITED LIABILITY, COMPANY

ANNUAL REPORT

DOCUMENT # M03000001539



FILED Mar 30, 2006 8:00 am Secretary of State

03-30-2006 90194 042 ****50.00

☐ Change ☐ Addition

1. Entity Name
MEASURE, MONITOR AND CONTROL, LLC

NAME

STREET ADDRESS

CITY-ST-ZIP

| Mexicone, Month of Miles Continues, EEC | | | | | | | | | 4UU44 | | | |
|---|-------------------------|------------------------|------------------|----------------------------|--|--|------------|---|-----------------------|-------------------------|-----------------------------|---------------------------|
| Principal Place of Business C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 Mailing Address C/O CORPORATION SERVICE 1201 HAYS STREET TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 | | | | | |)MPANY | | 1 I nt ana ya 1 | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 03232006 | Chg-LLC | CR2E | 083 (11/05) | |
| City & State بي | | | | City & State | | | | 4. FEI Number 86-1111 | | | | plied For t Applicable |
| Zip | Country | | | ' Zip . | Coun | itry | | 5. Certificate of Status Desired S \$5.00 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | | 7. Name and | Address of New F | Registered | Agent | |
| | | | | | | Name | | | | | | |
| CORPORATION SERVICE COMPANY | | | | | | | | | | | | |
| 1201 HAYS STREET | | | | | | Street Ad | ddress (F | P.O. Box Numbe | r is Not Acceptabl | θ) | | |
| TALLAHAS | SSEE, FL | 32301-2525 | | | | | | | | | | |
| | •. | | | | | | | | | | | |
| | | | | | | City | | | | FL | Zip Code | • |
| | named entit | | atement for | the purpose of changing i | s register | ed office or | register | ed agent, or both | n, in the State of Fi | orida. Lam | familiar with, | and accept |
| SIGNATURE | | | | | | | | | | | | |
| SIGNATORIE. | Signature, typed | or printed name of reg | istered agent an | d title if applicable. (NC | TE: Registere | d Agent signatu | ne ledakeq | when reinstating) | | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | | | | | | | ke check p a Departm | payable to nent of State | 1 |
| 9. MANAGING MEMBERS/MANAGERS | | | | | | | | ADDITIONS/CHANGES | | | | |
| TITLE | MGRM | | | Delete | TITL | E | M | られる。 | | | Change | Addition |
| NAME | | IAN, GREG | | | NAM | E | GA | KA CAL | Lupe LN F | ~ | | |
| STREET ADDRESS | | | | | | et address | / 5 | GEAS I DE | 2 N # | 805 | | |
| CITY-ST-ZIP | CASTRO VALLEY, CA 94552 | | | | | -ST-ZIP | 6E | LLEAN | R FL | 33 | 756 | |
| TITLE | | | | ☐ Delete | TITLI | E | | | | | ☐ Change | Addition |
| NAME | | | | | NAM | E | | | | | | |
| STREET ADDRESS | | | | | CTTT. | | | | | | | |
| CITY-\$1-ZIP | | | | | 2145 | ET ADDRESS | | | | | | |
| TITLE | | | | | | ET ADDRESS -ST-ZIP | | | | | | |
| | | | | ☐ Delete | | -ST-ZIP | | | | | ☐ Change | ☐ Addition |
| NAME | | | - | ☐ Delete | CITY | -ST-ZIP E | | | | | ☐ Change | Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE: GARY GALLUFF COM COLLEGE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER MANAGER OR AUTHORIZED REPRESENTATIVE