


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M04000002311</b> 1. Entity Name TOLT TECHNOLOGIES SERVICE GROUP, LLC	
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Principal Place of Business 8350 S. KYRENE RD., STE. 104 TEMPE, AZ 85284	Mailing Address 8350 S. KYRENE RD., STE. 104 TEMPE, AZ 85284
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**DO NOT WRITE IN THIS SPACE**

02212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 46-0492162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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)

Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

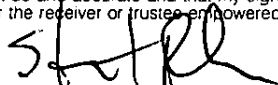
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHRATZ, MARK 8350 S. KYRENE RD., STE. 104 TEMPE, AZ 85284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHEA, STUART E 8350 S. KYRENE RD., STE. 104 TEMPE, AZ 85284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RAY, DOUGLAS J 317 SMUGGLERS COVE RD FRIDAY HARBOR, WA 98250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MURPHY, MICHAEL 514 PT POSDICK DR NW BIG HARBOR, WA 98335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Don Van Leaken 8350 S. Kyrene Rd, Ste 104 Tempe, AZ 85284
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000725051  
05/03/07-80006-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**  **2-21-07 480-403-8221**

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