

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000000111**

**1. Entity Name**

**BITCEPTOR TECHNOLOGIES, LLC**



**Principal Place of Business**

**15 PARADISE PLAZA, #373  
SARASOTA, FL 34239**

**Mailing Address**

**15 PARADISE PLAZA, #373  
SARASOTA, FL 34239**



04242006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**20-2010569**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                       |                                |
|-----------------------|--------------------------------|
| <b>TITLE</b>          | <b>MGRM</b>                    |
| <b>NAME</b>           | <b>DOCKHOUSE VENTURES, LLC</b> |
| <b>STREET ADDRESS</b> | <b>15 PARADISE PLAZA, #373</b> |
| <b>CITY-ST-ZIP</b>    | <b>SARASOTA, FL 34239</b>      |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |

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05/08/06-80018-007 55.00

**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:**

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

*Joseph Phem*

**4-21-06**

**941 586 1970**

Date

Daytime Phone #