

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002735

**FILED**  
**Apr 22, 2007**  
**Secretary of State**

**Entity Name:** ULTRAFAST SYSTEMS L L C

**Current Principal Place of Business:**

813 PINE VALLEY DRIVE  
BOWLING GREEN, OH 43402

**New Principal Place of Business:**

1748 INDEPENDENCE BLVD.  
SUITE G-6  
SARASOTA, FL 34234 US

**Current Mailing Address:**

813 PINE VALLEY DRIVE  
BOWLING GREEN, OH 43402

**New Mailing Address:**

1748 INDEPENDENCE BLVD.  
SUITE G-6  
SARASOTA, FL 34234 US

FEI Number: 32-0034847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GERASIMOV, TIMOFEY  
2717 SEVILLE BLVD., SUITE 1203  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

GUSEV, ALEX V DR.  
1748 INDEPENDENCE BLVD.  
SUITE G-6  
SARASOTA, FL 34234 US

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: ALEX GUSEV

04/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUSEV, ALEXEY  
Address: 813 PINE VALLEY DRIVE  
City-St-Zip: BOWLING GREEN, OH 43402

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GUSEV, ALEX V DR.  
Address: 1748 INDEPENDENCE BLVD. SUITE G-6  
City-St-Zip: SARASOTA, FL 34234 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALEX GUSEV

CEO

04/22/2007

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