

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001897

FILED
Apr 18, 2006
Secretary of State

Entity Name: LOCI, LLC

Current Principal Place of Business:

800 NORTH MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 349
CHARLOTTESVILLE, VA 22902 US

New Mailing Address:

FEI Number: 25-6703329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES LLC
800 NORTH MAGNOLIA AVE., SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PHILLIPS, AUBREY S
Address: 1487 LONESOME MOUNTAIN HOLLOW
City-St-Zip: CHARLOTTESVILLE, VA 22911

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PHILLIPS, AUBREY S
Address: P.O. BOX 349
City-St-Zip: CHARLOTTESVILLE, VA 22902

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: AUBREY S. PHILLIPS

MGR

04/18/2006

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