

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000468

Entity Name: PALM COAST DATA LLC

FILED  
Apr 09, 2008  
Secretary of State

**Current Principal Place of Business:**

11 COMMERCE BLVD.  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

11 COMMERCE BLVD.  
PALM COAST, FL 32164

**New Mailing Address:**

FEI Number: 02-0543850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NATIONAL CORPORATE RESEARCH, LTD. INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: PALM COAST DATA HOLD, CO, INC  
Address: 11 COMMERCE BLVD  
City-St-Zip: PALM COAST, FL 32164

Title: CEO ( ) Delete  
Name: MENEOUGH, JOHN CEO  
Address: 11 COMMERCE BLVD  
City-St-Zip: PALM COAST, FL 32164

Title: CFO ( ) Delete  
Name: SPEICHINGER, MICHAEL CFO  
Address: 11 COMMERCE BLVD  
City-St-Zip: PALM COAST, FL 32164

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD SMITH

MGR

04/09/2008

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