


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90146 012 \*\*\*\*55.00

<b>DOCUMENT # M04000003984</b>					
<b>1. Entity Name</b> COPYTALK, LLC					
<b>Principal Place of Business</b> <del>1351 FRUITVILLE ROAD</del> <del>SARASOTA, FL 34236</del>		<b>Mailing Address</b> <del>1351 FRUITVILLE ROAD</del> <del>SARASOTA, FL 34236</del>			
<b>2. Principal Place of Business</b> 500 TALLEVAST ROAD		<b>3. Mailing Address</b> 500 TALLEVAST ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL			
Zip 34243		Zip 34243		Country	
Country		Country		02222008    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 65-1144740				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ARNOLD, GARY J 7339 PERIWINKLE DRIVE SARASOTA, FL 34231				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORTHINGTON, NORMAN A III <del>1351 FRUITVILLE ROAD</del> <del>SARASOTA, FL 34236</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 TALLEVAST ROAD SARASOTA, FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <i>Gary J. Arnold</i>			Date: <i>4/25/06 (941) 894-0007</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE: <i>Treasurer &amp; Authorized Representative</i>					