
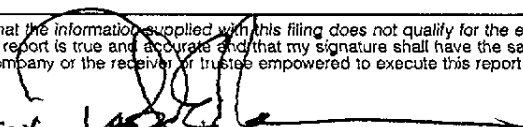


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 100000001066</b> 1. Entity Name <b>PEARSON FOXCOR, LLC</b>		
Principal Place of Business <b>7145 HALCYON SUMMIT DRIVE MONTGOMERY, AL 36117</b>	Mailing Address <b>7145 HALCYON SUMMIT DRIVE MONTGOMERY, AL 36117</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PEARSON, DAVID E 7145 HALCYON SUMMIT DRIVE MONTGOMERY, AL 36117	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOX, JOHN A 9712 WEST MARKHAM LITTLE ROCK, AR 72205	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: X</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<b>1-6-06 (334) 270-9500</b> <small>Date Daytime Phone #</small>



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>63-1285664</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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01/11/06-80035-003 55.00

**DO NOT WRITE  
IN THIS SPACE**