


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000001066 1. Entity Name PEARSON FOXCOR, LLC	
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Principal Place of Business 7145 HALCYON SUMMIT DRIVE MONTGOMERY, AL 36117	Mailing Address 7145 HALCYON SUMMIT DRIVE MONTGOMERY, AL 36117
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01042008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1285664	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

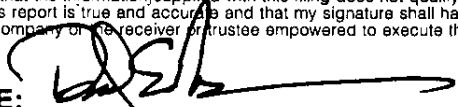
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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	
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01/09/08-80047-011 143.75

**DO NOT WRITE
IN THIS SPACE**

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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____

1-8-08 (334) 270-7500