

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001897

Entity Name: LOCI, LLC

FILED  
Apr 15, 2008  
Secretary of State

**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: P.O. BOX 349  
City-St-Zip: CHARLOTTESVILLE, VA 22902

**ADDITIONS/CHANGES:**

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: AUBREY S PHILLIPS

MGR

04/15/2008

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