


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90055 011 \*\*\*138.75

**DOCUMENT # L00000004521**

1. Entity Name  
**PALM COAST-FLAGLER INTERNET, LLC**



**60002066**



Principal Place of Business  
**31 OLD KINGS ROAD NORTH, SUITE 4  
 PALM COAST, FL 32137**

Mailing Address  
**31 OLD KINGS ROAD NORTH, SUITE 4  
 PALM COAST, FL 32137**

2. Principal Place of Business - No P.O. Box #  
*17 OLD KINGS ROAD NORTH*

3. Mailing Address  
*17 OLD KINGS ROAD NORTH*

Suite, Apt. #, etc.  
*SUITE "F"*

Suite, Apt. #, etc.  
*SUITE "F"*

01112008 Chg-LLC CR2E083 (12/06)

City & State  
*Palm Coast, Florida*

City & State  
*Palm Coast, Florida*

Zip  
*32137*

Country  
*FLAGLER*

Zip  
*32137*

Country  
*FLAGLER*

4. FEI Number  
**59-3639731**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIS, WILLIAM**  
**31 OLD KING RD N STE 4**  
**PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *William Willis* DATE *1-11-08*

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

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WILLIS, WILLIAM</b> <b>56 SEVEN WONDERS TRAIL</b> <b>PALM COAST, FL 32164</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE *William Willis* DATE *1-11-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #