

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007972

FILED
Jul 26, 2006
Secretary of State

Entity Name: EASTERN MARKETING SPECIALIST, L.L.C.

Current Principal Place of Business:

1821 S RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

4606 CLYDE MORRIS BLVD
PORT ORANGE, FL 32128

Current Mailing Address:

216 BAILEY RIDGE DRIVE
MORRISVILLE, NC 27560

New Mailing Address:

15425 TREYBURN MANOR VIEW
ALPHARETTA, GA 30004

FEI Number: 59-3731602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALDRICH, MARY K
1821 S RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119 US

Name and Address of New Registered Agent:

ALDRICH, MARY K
4606 CLYDE MORRIS BLVD
PORT ORANGE, FL 32128 US

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: MARY ALDRICH

07/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HODGE, WALLACE D
Address: 216 BAILEY RIDGE DRIVE
City-St-Zip: MORRISVILLE, NC 27560

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HODGE, WALLACE D
Address: 15425 TREYBURN MANOR VIEW
City-St-Zip: ALPHARETTA, GA 30004

I hereby certify that the information supplied with this filing does not qualify for the 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: WALLACE DESHON HODGE

MGR

07/26/2006

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