

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014413

FILED
May 15, 2007
Secretary of State

Entity Name: THE VERICOM GROUP, LLC

Current Principal Place of Business:

PO BOX 441256
JACKSONVILLE, FL 322221256

New Principal Place of Business:

10175 FORTUNE PARKWAY
SUITE 602
JACKSONVILLE, FL 32256

Current Mailing Address:

PO BOX 441256
JACKSONVILLE, FL 322221256

New Mailing Address:

FEI Number: 52-2363101 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:

Name and Address of New Registered Agent:

QUINONEZ, SUZANNE C
2747 BLANDING BLVD., SUITE 104
MIDDLEBURG, FL 32068 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: WILLIAM PATRICK FISH, ER
Address: 836 WESTMINSTER DRIVE
City-St-Zip: ORANGE APRK, FL 32073

Title: MGRM (X) Change () Addition
Name: WILLIAM PATRICK FISH, ER
Address: 836 WESTMINSTER DR
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM () Delete
Name: FISHER, SAUNDRA L
Address: 836 WESTMINSTER DR
City-St-Zip: ORANGE PARK, FL 32073

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: WILLIAM PATRICK FISHER

MGRM

05/15/2007

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