

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004575

Entity Name: XENON, L.L.C.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

2 NORTH TAMIAMI TRAIL, STE. 506
SARASOTA, FL 34236

New Principal Place of Business:

%CLOCKWORK,2 NORTH TAMIAMI TRAIL, STE. 506
SARASOTA, FL 34236

Current Mailing Address:

2 NORTH TAMIAMI TRAIL, STE. 506
SARASOTA, FL 34236

New Mailing Address:

%CLOCKWORK,2 NORTH TAMIAMI TRAIL, STE. 506
SARASOTA, FL 34236

FEI Number: 40-0001576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, ARTHUR J
2 NORTH TAMIAMI TRAIL, STE. 506
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: ED LARY

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ABRAMS, JAMES D
Address: 2 NORTH TAMIAMI TRAIL, STE. 506
City-St-Zip: SARASOTA, FL 34236

Title: MGRM (X) Delete
Name: YOUNG, JOHN
Address: 13950 SWITZER
City-St-Zip: OVERLAND PARK, KS 66221

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES D. ABRAMS

MGRM

04/28/2006

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