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Apr 13, 2005 8:00 am
Secretary of State
04-13-2005 90220 020 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004788

1. Entity Name
LOCAL ADVANTAGE DIRECTORIES, LLC

Principal Place of Business	Mailing Address
865 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714	P.O. BOX 915146 LONGWOOD, FL 32791

02262005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
865 SUNSHINE LANE	
Suite, Apt. #, etc. STE 113	Suite, Apt. #, etc.
City & State ALTAMONTE SPRINGS, FL	City & State
Zip 32714 Country USA	Zip Country

4. FEI Number
30-0048164
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRISON, CHARLES R ESQ 1413 TROVILLION AVE. WINTER PARK, FL	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM REID, RICHARD 1607 CLUBVIEW DR. AMARILLO, TX 79129	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FUNARD, MICHAEL 602 BROADOAK LOOP SANFORD, FL 32771	☐ Delete	MGR FUNARO, MICHAEL 602 BROADOAK LOOP SANFORD, FL 32771	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3-5-05 4076822200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #