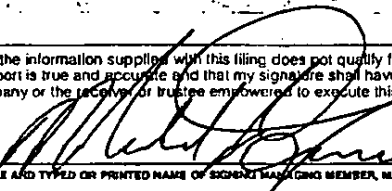


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90220 020 ****50.00

DOCUMENT # L02000004788			
1. Entity Name LOCAL ADVANTAGE DIRECTORIES, LLC			
Principal Place of Business 865 SUNSHINE LANE ALTAMONTE SPRINGS, FL 32714		Mailing Address P.O. BOX 915146 LONGWOOD, FL 32791	
2. Principal Place of Business 865 SUNSHINE LANE		3. Mailing Address	
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		02262005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HARRISON, CHARLES R ESQ 1413 TROVILLON AVE. WINTER PARK, FL		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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____			
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	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FUNARD, MICHAEL 602 BROADOAK LOOP SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FUNARO, MICHAEL 602 BROADOAK LOOP SANFORD, FL 32771 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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 #	