2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000004788

1. Entity Name
LOCAL ADVANTAGE DIRECTORIES, LLC

Principal Place of Business	Mailing Address
865 SUNSHINE LANE STE 113 ALTAMONTE SPRINGS, FL 32714 US	P.O. BOX 915146 LONGWOOD, FL 32791 US

DO NOT WRITE IN THIS SPACE

04042006 No Chg-LLC CR2E083 (11/05)

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

HARRISON, CHARLES R ESQ
1413 TROVILLION AVE.
WINTER PARK, FL

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6. 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, 2006

U00000496288
04/22/06-80005-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REID, RICHARD
STREET ADDRESS	1607 CLUBVIEW DR.
CITY-ST-ZIP	AMARILLO, TX 79129
TITLE	MGR
NAME	FUNARO, MICHAEL
STREET ADDRESS	602 BROADOAK LOOP
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael Funaro MICHAEL FUNARO 4-3-06 407682-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #