

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029949

Entity Name: FALCON REPORTERS, LLC

FILED  
Jul 08, 2005  
Secretary of State

## Current Principal Place of Business:

549 MENDOZA DRIVE  
ORLANDO, FL 32825

## New Principal Place of Business:

9037 LEE VISTA BOULEVARD  
#1603  
ORLANDO, FL 32829

## Current Mailing Address:

549 MENDOZA DRIVE  
ORLANDO, FL 32825

## New Mailing Address:

P.O. BOX 536013  
ORLANDO, FL 32853

FEI Number: 05-0556289      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:

MAJIROS, MARIA  
549 MENDOZA DRIVE  
ORLANDO, FL 32825      US

## Name and Address of New Registered Agent:

MAJIROS, MARIA  
9037 LEE VISTA BOULEVARD  
#1603  
ORLANDO, FL 32829      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: MARIA A. MAJIROS

07/08/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: MAJIROS, MARIA  
Address: 549 MENDOZA DRIVE  
City-St-Zip: ORLANDO, FL 32825

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: MAJIROS, MARIA  
Address: 9037 LEE VISTA BOULEVARD #1603  
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA A. MAJIROS

MGRM

07/08/2005

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