## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							FILE				
DOCUMENT # L03000003094											
1. Entity Nam	ne	NSORTIUM, LLC			2006 /	IPR 25 PM	2: 18				
		<del></del>			CO VE IT	SEC	PETARY OF	ጉፕልምም			
Principal Plac 2292-B HAM			Mailing Address 2292-B HAMPSHIRE WAY			TALL	RETARY OF S AHASSEE, FL	DRINA DRINA			
TALLAHASSEE, FL 32309			TALLAHASSEE, FL 32309						: 19118   1911 <b> </b> 616	<b>11</b> 1 (4 1 <b>12</b> 1	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252006	Chg-LLC	CR2E08	3 (11/05)		
City & State			City & State			4. FEI Numbe 41-2070			No	plied For t Applicable	
Zip	Country		Zip Coun		try	5. Certificate of Status Desired Status Desired Fee Required					
	6. Name	and Address of Curren	·	7. Name and Address of New Registered Agent							
BECK, KATHERINE G					Name						
2292-B HA TALLAHAS	MPSHIR	E WAY		Street Address (I			er is Not Acceptable	)			
					City			FL	Zip Code	e	
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											
		is \$50.00 y 1, 2006			check par Departme	-	•				
9.		MANAGING MEMB	ERS/MANAGERS	S/MANAGERS 10.			ADDITIONS/CHANGES				
TITLE	MGRM		☐ Delete	TITLE	1			:	Change	Addition	
NAME STREET ADDRESS		ATHERINE AMPSHIRE WAY		NAMI STRE	et address						
CITY-ST-ZIP		ASSEE, FL 32309			-ST-ZIP						
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NAME				NAM					-	İ	
STREFT ADDRESS CIT + ST-ZIP					ET ADDRESS -ST-ZIP						
11, I hereby certify that the information supplied with this filling 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: 4-25-06 850 5660999											
SIGNAL	SIGNATURE	AND TIPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPRESI	ENTATIVE	Date		time Phone #	<del></del>	