

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009616

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: FIDELITY AFFILIATES, LLC

## Current Principal Place of Business:

5690 W CYPRESS ST STE A C/O AFFILIATE  
TAMPA, FL 33607

## New Principal Place of Business:

## Current Mailing Address:

5690 W CYPRESS ST STE A C/O AFFILIATE  
TAMPA, FL 33607

## New Mailing Address:

FEI Number: 57-1155860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: BARRY, CAROL C  
Address: 5690 W CYPRESS ST STE A  
City-St-Zip: TAMPA, FL 33607

Title: VPS ( ) Delete  
Name: JOHNSON, TODD C  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VP ( ) Delete  
Name: CHIARELLO, KEVIN  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPT ( ) Delete  
Name: FARENGA, PATRICK  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ASVP ( ) Delete  
Name: NEMZUNA, MARIARIE  
Address: 171 NORTH CLARK ST.  
City-St-Zip: CHICAGO, IL 60601

Title: VP ( ) Delete  
Name: WHITACRE, HEATHER  
Address: 5690 W CYPRESS ST STE A  
City-St-Zip: TAMPA, FL 33607

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CHIARELLO, KEVIN  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ASVP (X) Change ( ) Addition  
Name: NEMZURA, MARIARIE  
Address: 171 NORTH CLARK ST.  
City-St-Zip: CHICAGO, IL 60601

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TODD C JOHNSON

VPS

04/27/2006

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