

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010298

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** MINORITY BUSINESS INFORMATION CENTER, LLC

**Current Principal Place of Business:**

1711 S. GADSDEN STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

2019 CENTRE POINTE BLVD.  
STE 101  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1711 S. GADSDEN STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

2019 CENTRE POINTE BLVD.  
STE 101  
TALLAHASSEE, FL 32308

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOREY, HILMON S JR.  
1711 S. GADSDEN STREET  
TALLAHASSEE, FL 32301    US

**Name and Address of New Registered Agent:**

SOREY, HILMON S JR.  
2019 CENTRE POINTE BLVD.  
STE 101  
TALLAHASSEE, FL 32308    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: \_\_\_\_\_ 04/26/2006  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGRM            ( ) Delete  
Name:           SOREY, HILMON  
Address:       1711 S. GADSDEN STREET  
City-St-Zip:   TALLAHASSEE, FL 32301

Title:            MGRM            ( ) Delete  
Name:           SICLAIT, RAOUL  
Address:       1711 S. GADSDEN STREET  
City-St-Zip:   TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES:**

Title:            MGRM            (X) Change ( ) Addition  
Name:           SOREY, HILMON  
Address:       2019 CENTRE POINTE BLVD. STE 101  
City-St-Zip:   TALLAHASSEE, FL 32308

Title:            MGRM            (X) Change ( ) Addition  
Name:           SICLAIT, RAOUL  
Address:       2019 CENTRE POINTE BLVD. STE 101  
City-St-Zip:   TALLAHASSEE, FL 32308

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: HILMON SOREY                      MGRM                      04/26/2006  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date