## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000014535

Entity Name: SPEECHVILLE LLC

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 8524

PORT ST. LUCIE, FL 349528524

Current Mailing Address: New Mailing Address:

PO BOX 8524

PORT ST. LUCIE, FL 349528524

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

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

GENG, LISA F 2318 NW BAY COLONY COURT STUART, FL 34994 US

MANAGING MEMBERS/MANAGERS:

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

## Electronic eignature of register

## ADDITIONS/CHANGES:

tle: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 MIKEL, GINA M
 Name:
 MIKEL, GINA M

 Address:
 50 ORCHID LANE
 50 ORCHARD LANE

 City-St-Zip:
 KIRKWOOD, MO 63122
 City-St-Zip:
 KIRKWOOD, MO 63122

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MUSTAFA, CINDY
 Name:

 Address:
 8732 EAGLE SPRINGS DR.
 Address:

 City-St-Zip:
 ALBUQUERQUE, NM 87113
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name:RHONDA, JACOBSONName:RHONDA, JACOBSONAddress:203 FOREST RIDGE ROADAddress:152 REGENT ST

City-St-Zip: RICHMOND HILL, ON L4E 3L8 CA City-St-Zip: RICHMOND HILL, ON L4C 9N9 CA

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 TRICIA, MORIN
 Name:

 Address:
 1 COMMANDO AVE.
 Address:

 City-St-Zip:
 POPE AFB, NC 28307
 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: GINA MIKEL MGRM 04/28/2006