

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040150

Entity Name: AUDITORY VENTURES, PL

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

1875 PROFESSIONAL PARK CIRCLE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1875 PROFESSIONAL PARK CIRCLE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-0305061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOONZ, JOHN H AND WRIGHT, RICHARD D.
1292 FERN HILL COURT
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

KOONZ, JOHN H AND WRIGHT, RICHARD D.
4383 MILLWOOD LANE
TALLAHASSEE, FL 32312 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:

01/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOONZ, JOHN H DR.
Address: 1292 FERN HILL COURT
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: WRIGHT, RICHARD D DR.
Address: 1292 FERN HILL COURT
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOONZ, JOHN H DR.
Address: 8204 CHICKASAW TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM (X) Change () Addition
Name: WRIGHT, RICHARD D DR.
Address: 4383 MILLWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32312

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: RICHARD D. WRIGHT

DR.

01/13/2006

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