

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040150

Entity Name: AUDITORY VENTURES, PL

FILED  
Jan 07, 2008  
Secretary of State

**Current Principal Place of Business:**

1875 PROFESSIONAL PARK CIRCLE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

1818 MICCOSUKEE COMMONS DRIVE, SUITE 1  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1875 PROFESSIONAL PARK CIRCLE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

1818 MICCOSUKEE COMMONS DRIVE, SUITE 1  
TALLAHASSEE, FL 32308

FEI Number: 20-0305061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KOONZ, JOHN H AND WRIGHT, RICHARD D.  
4383 MILLWOOD LANE  
TALLAHASSEE, FL 32312 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: MGRM ( ) Delete  
Name: KOONZ, JOHN H DR.  
Address: 8204 CHICKASAW TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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.

01/07/2008

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