

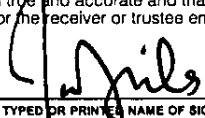


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000048998</b> 1. Entity Name <b>US1.COM, LLC</b>					
Principal Place of Business <b>5885 RIVERSIDE DRIVE PORT ORANGE, FL 32127</b>			Mailing Address <b>5885 RIVERSIDE DRIVE PORT ORANGE, FL 32127</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			03132008 Chg-LLC CR2E083 (12/06)		
			4. FEI Number <b>20-1177446</b>		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>WILES, JACK D 5885 RIVERSIDE DRIVE PORT ORANGE, FL 32127</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WILES, JACK D 5885 RIVERSIDE DR PORT ORANGE, FL 32127</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILES, JAMES R 695 BRECKENRIDGE DR PORT ORANGE, FL 32127</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			<b>U000000873243 04/10/08-80070-008 138.75</b>		
<b>SIGNATURE:</b> 			<b>3/24/08 386-547-0717</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		