

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051536

Entity Name: US ONE LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

4143 SHERWOOD RD.
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7929
JACKSONVILLE, FL 32238 US

New Mailing Address:

FEI Number: 37-1508641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, JAMES H JR
4143 SHERWOOD RD.
JACKSONVILLE, FL 32210 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: ANDREWS, JAMES H JR
Address: 4143 SHERWOOD RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR () Delete
Name: GITTINGS, ROBERT L
Address: 840 S. EDGEWOOD AVE., SUITE 216
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGR () Delete
Name: JAMES, CLEMONS L
Address: 4538 ORTEGA FOREST DR.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAMES H ANDREWS REVO, CABLE LIVING T R UST
Address: P O BOX 7929
City-St-Zip: JACKSONVILLE, FL 32238

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

Title: () Change () Addition
Name:
Address:
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: JAMES H ANDREWS TTEE REVOCABLE LIVING TRUS MGRM 04/24/2006

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