


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90019 029 ****50.00

DOCUMENT # L04000056404	
1. Entity Name C8 TECHNOLOGIES, LLC	

Principal Place of Business 50 NORTH LAURA STREET, SUITE 2900 JACKSONVILLE, FL 32202	Mailing Address 50 NORTH LAURA STREET, SUITE 2900 JACKSONVILLE, FL 32202
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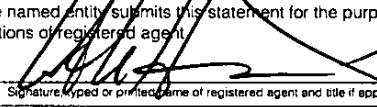
20035400



2. Principal Place of Business 208 N. Laura St	3. Mailing Address 208 N. Laura St
Suite, Apt. #, etc. 800	Suite, Apt. #, etc. 800
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32202	Country USA

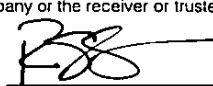
01312006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 50 NORTH LAURA STREET, SUITE 2900 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 208 N. Laura St #800 City Jacksonville FL Zip Code 32202
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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  Signature typed or printed name of registered agent and title if applicable	G. Alan Howard, President (NOTE: Registered Agent signature required when reinstating) DATE 1-31-06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. GALLAGHER, ROBERT S 1021 SORRENTO RD. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. WYATT, MARION F 12621 MISSION HILLS CR S JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	R. Scott Gallagher, President Date 25 Apr 06 Daytime Phone # 904-632-2172