2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 27, 2008 08:00 AN DOCUMENT # L04000075099 **Secretary of State** 1. Entity Name SUNTALK, L.L.C. Principal Place of Business Mailing Address 270 N. CONVENT STREET P.O. BOX 410 **BOURBONNAIS, IL 60914** BOURBONNAIS, IL 60914 03102008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1709318 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MORTELL, EDWIN E III ESQ DO NOT WRITE PETERSON BERNARD 301 EAST OCEAN BOULEVARD, SUITE 200 IN THIS SPACE STUART, FL 34994 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 arrent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 U000000871982 After May 1, 2008 Fee will be \$538.75 04/10/08-80020-011 138.75 MANAGING MEMBERS/MANAGERS MGRM TITLE WEISMAN, DAVID E NAME 2626 SOUTH BAY SHORE DRIVE, #2606 STREET ADDRESS CITY-S1-ZIP COCONUT GROVE, FL 33133 MGRM TITLE FITZGERALD, HARRY NAME STREET ADDRESS P.O. BOX 410 BOURBONNAIS, IL 609140410 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

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Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE