2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# L04000080345

Entity Name: E SQUARED, LLC

Current Principal Place of Business:

1727 BOLTON VILLAGE LANE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1727 BOLTON VILLAGE LANE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-1843034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PITELL, LISA Y
4 ELEVENTH AVENUE, SUITE ONE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

PITELL, LISA Y
4400 E. HWY 20
202
NICEVILLE, FL 32578 US

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: _____ 01/11/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: EDWARDS, ANDREW W
Address: 1727 BOLTON VILLAGE LANE
City-St-Zip: NICEVILLE, FL 32578

Title: MGR ( ) Delete
Name: EDWARDS, KRISTINE E
Address: 1727 BOLTON VILLAGE LANE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

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: ANDREW W EDWARDS MGR 01/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date