2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L04000086603 Apr 27, 2006 08:00 AN Secretary of State 1. Entity Name HALEY COMMUNICATIONS LLC Mailing Address Principal Place of Business 1201 AVIENDA DEL TORO PORT ORANGE FL 32129 1201 AVIENDA DEL TORO PORT ORANGE FL 32129 2. Principal Place of Business 3. Marling Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 04-3800410 Not Applicable Zip Country Zip Country \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALEY, JOHN S 1201 AVIENDA DEL TORO Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32129 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 Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change ☐ Addition ☐ Defete TITLE me **MGRM** NAME NAME HALEY, JOHN S U0000054080**3** STREET ADDRESS STREET ADDRESS 1201 AVIENDA DEL TORO 05/10/06-80033-002 50.00 CITY-ST-ZIE CITY-ST-ZIP PORT ORANGE FL 32129 ☐ Change ☐ Addition ☐ Delete THEF THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-SI-ZiP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE HAMP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #