2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091550

Entity Name: LAWGISTIX, LLC

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 90 SPIRES LANE 17287 US HIGHWAY 331 S FREEPORT, FL 32459 SUITE 9A SANTA ROSA BEACH, FL 32459 **New Mailing Address: Current Mailing Address:** 90 SPIRES LANE 17287 US HIGHWAY 331 S SUITE 9A FREEPORT, FL 32439 SANTA ROSA BEACH, FL 32459 FEI Number: 20-2017455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORECAST FINANCIAL CORPORATION 10859 EMERALD COAST PARKWAY W, #204-330 DESTIN, FL 32550 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SMITH, CRAIG G Name: Name: 206 GOLF CLUB DRIVE Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: MGRM Title: MGRM (X) Change () Addition () Delete FORECAST FINANCIAL C, ORPORATION Name: FORECAST FINANCIAL C, ORPORATION Name: Address: 90 SPIRES LANE, SUITE 9A Address: 10859 EMERALD COAST PARKWAY W. #204-330 City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: DESTIN, FL 32550 Title: () Delete Title: MGRM () Change (X) Addition STAHL, KEVAN Name: Name: 4485 PLAINFIELD AVENUE, SUITE 101B Address: Address: City-St-Zip: City-St-Zip: GRAND RAPIDS, MI 49525 Title: () Delete Title: MGRM () Change (X) Addition Name: Name: AMS. 4485 PLAINFIELD AVENUE, SUITE 101B Address: Address: City-St-Zip: City-St-Zip: GRAND RAPIDS, MI 49525 Title: () Delete Title: MGRM () Change (X) Addition CHAMBERS, KENNETH O Name: Name: 17287 US HIGHWAY 331 S Address: Address: City-St-Zip: City-St-Zip: FREEPORT, FL 32439

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: CRAIG SMITH MGRM 04/27/2006