2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

May 02, 2007 8:00 am Secretary of State **DOCUMENT # L05000011923** 05-02-2007 90342 003 ****50.00 1. Entity Name BINARY FOUR GROUP, LLC 400010-Principal Place of Business Mailing Address C/O ALTI INC. C/O ALTLING. 1334 TIMBERLANE ROAD, SUITE 6 1334 TIMBERLANE ROAD, SUITE 6 TALLAHASSEE, FL 32312-1764 TALLAHASSEE, FL 32312-1764 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3003 Summit 3003 Summit Suite, Apt. #, etc. Suite, Apt. #, etc. 05012007 CR2E083 (12/06) Cha-LLC ste 1400 Ste 1400 City & State A+lanta 4. FEI Number Applied For A+lanta <u>G</u>1A 20-2287050 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 4L 20319 30319 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name H Gilbert Matthew WEBSTER, SCOTT Street Address (P.O. Box Number is Not Acceptable) C/O ALTI INC. 1334 TIMBERLANE ROAD, SUITE 6 TALLAHASSEE, FL 32312-1764 2606 Centennial Place Zip Code 32308 Tallahassee 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. **MGRM** MGRM TITLE TITLE ☐ Delete Change : noitibhA 🔲 Alti, Inc. 3003 Summit Blod NAME ALTI INC NAME 1334 TIMBERLANE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY - ST-ZIP Atlanta GA 30319 MGRM TITLE Delete TITLE marm Change Addition Binary Four Group Inc. 5156 Hidden Branches BINARY FOUR GROUP INC. NAME NAME STREET ADDRESS 600N.PRK.TOWNCENT. 1200ABERNATHYRDSTE.1700 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30328 CITY-ST-7IP Atlanta, GA (S) 30338 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleie TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED