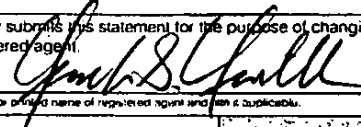
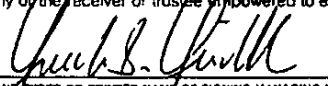


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State

05-01-2006 90042 014 ****50.00

DOCUMENT # L05000014335					
1. Entity Name EPICENTER, LLC					
Principal Place of Business 108 E. HILLCREST ST ORLANDO FL 32802			Mailing Address 108 E. HILLCREST ST ORLANDO FL 32802		
2. Principal Place of Business 108 E. Hillcrest Street			3. Mailing Address 108 E. Hillcrest St.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando, FL			City & State Orlando, FL		
Zip 32801	Country USA	Zip 32801	Country USA	4. FEI Number 68-0606061	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER FL 33761			7. Name and Address of New Registered Agent Name FRANK G. FINKBEINER, ATTY. Street Address (P.O. Box Number is Not Acceptable) 108 E. HILLCREST STREET City ORLANDO FL Zip Code 32701		
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  MGRM 5/31/06 Signature, typed or printed name of registered agent and fee is duplicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to: Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINKBEINER, FRANK G 108 E. HILLCREST ST ORLANDO FL 32802	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TURNAGE, ROBERT R 18 DOGWOOD DR SALEM IL 62881	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing 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:  Manager/ing Member			407 4230012		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Frank G. Finkbeiner			Date Daytime Phone #		