

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90273 020 \*\*\*\*50.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                                                            |                                                                                                                                   |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000023792</b><br>1. Entity Name<br><b>VERIFIED LEAD SOURCE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                            |                                                                                                                                   |  |  |
| Principal Place of Business<br>1206 STETSON STREET<br>ORLANDO FL 32804<br>US                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               | Mailing Address<br>1206 STETSON STREET<br>ORLANDO FL 32804<br>US                           |                                                                                                                                   |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               | 3. Mailing Address<br>Suite, Apt. #, etc.                                                  |                                                                                                                                   |                                                                                   |  |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                               | City & State<br>Zip Country                                                                |                                                                                                                                   |                                                                                   |  |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                                                                                                                                   |                                                                                   |  |
| 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               | <input type="checkbox"/> \$5.00 Additional Fee Required                                    |                                                                                                                                   |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br>FORD, DRAYTON H<br>1206 STETSON STREET<br>ORLANDO FL 32804                                                                                                                                                                                                                                                                                                                                                                                        |                                                               |                                                                                            | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 renewing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                                                            |                                                                                                                                   |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                                                                                            |                                                                                                                                   |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                                                            | 10. ADDITIONS/CHANGES                                                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>DRAYTON LLC<br>1206 STETSON STREET<br>ORLANDO FL 32804 |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                               |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                               |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                               |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                               |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                               |                                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Orlando</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                       |                                                               |                                                                                            | 3/8/06<br>Date Daytime Phone #                                                                                                    |                                                                                   |  |