

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073808

Entity Name: ONLYCUBES LLC

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

5709 MASTERS BOULEVARD
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

2992 COMFORT ROAD
NEW HOPE, PA 18938

New Mailing Address:

5459 VINELAND ROAD
SUITE 4311
ORLANDO, FL 32811

FEI Number: 20-3224487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NANNI, RICHARD
5709 MASTERS BOULEVARD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COMLY, LOIS MAY
5459 VINELAND ROAD
SUITE 4311
ORLANDO, FL 32819 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: LOIS MAY COMLY

04/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NANNI, RICHARD
Address: 5709 MASTERS BOULEVARD
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR () Delete
Name: NANNI, BRETT
Address: 2992 COMFORT ROAD
City-St-Zip: NEW HOPE, PA 18938 US

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: COMLY, LOIS MAY
Address: 5459 VINELAND ROAD, SUITE 4311
City-St-Zip: ORLANDO, FL 32819 US

Title: CFO (X) Change () Addition
Name: NANNI, BRETT C
Address: 5459 VINELAND ROAD, SUITE 4311
City-St-Zip: ORLANDO, FL 32811 US

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: LOIE MAY COMLY

CEO

04/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date