2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079266

Entity Name: ZONE COVERAGE, LLC

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 8248 10416 NEW BERLIN ROAD FLEMING ISLAND, FL 32006

SUITE 8

JACKSONVILLE, FL 32226

Current Mailing Address: New Mailing Address:

P.O. BOX 8248

FLEMING ISLAND, FL 32006

FEI Number: 20-3329655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TASSEFF, WILLIAM A PARTNER 2192 SALT MYRTLE LANE HEEKIN, MARK ESQ 4540 SOUTHSIDE BOULEVARD SUITE 702 ORANGE, FL 32003 JACKSONVILLE, FL 32216 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: WILLIAM A. TASSEFF 04/24/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete

TASSEFF, BILL TASSEFF, WILLIAM A Name: Name: Address: P.O. BOX 8248 Address: P.O. BOX 8248

City-St-Zip: FLEMING ISLAND, FL 32006 City-St-Zip: FLEMING ISLAND, FL 32006

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: ANDERSON, MIKE Name: ANDERSON, MICHAEL Address: P.O. BOX 8248 Address: P.O. BOX 8248

FLEMING ISLAND, FL 32006 City-St-Zip: City-St-Zip: FLEMING ISLAND, FL 32006

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: WILLIAM A. TASSEFF **MGRM** 04/24/2006