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Secretary of State
05-19-2006 90168 031 ****50.00

5/1

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000104846

1. Entity Name
ELECTRONIC PAYMENT SYSTEMS, LLC

30010683

Principal Place of Business	Mailing Address
~~224 PONTE VEDRA PARK DRIVE~~ PONTE VEDRA BEACH, FL 32082 US	~~224 PONTE VEDRA PARK DRIVE~~ PONTE VEDRA BEACH, FL 32082 US
2. Principal Place of Business: 5150 Palm Valley Road	3. Mailing Address: 5150 Palm Valley Road
Suite, Apt. #, etc.: Suite #208	Suite, Apt. #, etc.: Suite #208
City & State: Ponte Vedra Beach FL	City & State: Ponte Vedra Beach FL
Zip: 32082 Country: USA	Zip: 32082 Country: USA

05162006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 55-0909714 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAHAM, STEPHEN D 224 PONTE VEDRA PARK DRIVE PONTE VEDRA BEACH, FL 32082	Name: Stephen D. Graham Street Address (P.O. Box Number is Not Acceptable): 5150 Palm Valley Road, Suite 208 City: Ponte Vedra Beach FL Zip Code: 32082

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] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — MAY 16, 2006 DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GRAHAM, STEPHEN D ~~224 PONTE VEDRA PARK DRIVE~~ ~~PONTE VEDRA BEACH, FL 32082~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Stephen D. Graham 5150 Palm Valley Road, Suite 208 Ponte Vedra Beach, FL 32082	☒ 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
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
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 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.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — MAY 16, 2006 Date — 904-280-4445 Daytime Phone #

ATTACHMENT

Electronic Payment & Transfer Corp
5150 Palm Valley Road, Suite 208
Ponte Vedra Beach, FL 32082
(904) 280-4135

30010683
#L05000104846

June 15, 2006

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, Florida 32314
Annual Reports Section

Dear Sir/Madam:

I am returning the enclosed annual report/uniform business report with the following correction: Block 4 has been entered. Please call me with any questions regarding this matter.

Regards,

Kathy Munsterman
Vice President, Accounting
Electronic Payment & Transfer Corp.
(904) 395-1123
kathy.munsterman@eptransfer.com
www.eptransfer.com