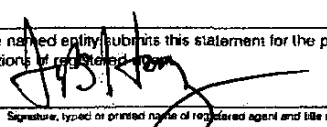
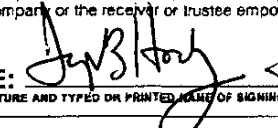


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90019 047 ****50.00

DOCUMENT # L05000108164					
1. Entity Name ATM SOLUTIONS INVESTMENTS, LLC					
Principal Place of Business 11910 HOOD LANDING ROAD JACKSONVILLE, FL 32258			Mailing Address 11910 HOOD LANDING ROAD JACKSONVILLE, FL 32258		
2. Principal Place of Business 2716 Lois Lane			3. Mailing Address 2716 Lois Lane		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Jacksonville Bch, FL			City & State Jacksonville Bch, FL		
Zip 32250		Country US		4. FEI Number 20-3778148	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HARPER, SHAUN 11910 HOOD LANDING ROAD JACKSONVILLE, FL 32258			7. Name and Address of New Registered Agent Name Joseph Hockenbury Street Address (P.O. Box Number is Not Acceptable) 2716 Lois Lane City Jacksonville Bch FL Zip Code 32250		
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  DATE 5/2/06					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARPER, SHAUN 11910 HOOD LANDING ROAD JACKSONVILLE, FL 32258 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM, VP, T J.W. Brinkley 3576 Avalon Cove Dr. East Jacksonville, FL 32224 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Joseph Hockenbury 2716 Lois Lane Jacksonville Beach, FL 32250 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Aaron Kunsberg 3040 Mystic Falls Dr. Jacksonville, FL 32224 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 5/2/06 904.219.5415		