2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State
05-11-2006 90019 047 ****50.00

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1. Entity Name
ATM SOLUTIONS INVESTMENTS, LLC

40091404

Principal Place of Business	Mailing Address
11910 HOOD LANDING ROAD JACKSONVILLE, FL 32258	11910 HOOD LANDING ROAD JACKSONVILLE, FL 32258

04132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
2716 Lois Lane	2716 Lois Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville Bch, FL	Jacksonville Bch, FL
Zip: 32250 Country: US	Zip: 32250 Country: US

4. FEI Number: 20-3778148 ☐ 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
HARPER, SHAUN 11910 HOOD LANDING ROAD JACKSONVILLE, FL 32258	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: _____ 5/2/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 322581	☒ 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: Joseph B Hockenbury 5/2/06 904.219.5415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #