2006 LIMITED LIABILITY COMPANY

FILED Jul 07, 2006 8:00 am Secretary of State

ANNUAL REPORT

07-07-2006 90064 026 ****50.00 **DOCUMENT # L05000109115** ALLSYSTEMS COMMUNICATIONS, LLC Mailing Address Principal Place of Business 12000 REBECCAS RUN DRIVE 20047825 2841 SAINT CLAIR COURT ORLANDO, FL 32818 WINTER GARDEN, FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTER, MICHAEL S... Street Address (P.O. Box Number is Not Acceptable) 12000 REBECCAS RUN DRIVE WINTER GARDEN, FL 34787 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGR TITLE Delete TITLE ☐ Change ■ Addition WALTER, MICHAEL S NAME NAME 12000 REBECCAS RUN DRIVE STREET ADDRESS STREET ADORESS WINTER GARDEN, FL 34787 CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE: Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE