2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 10, 2008 8:00 am Secretary of State

ANNUAL REPURI					Secretary or State				
DOCUMENT # L05000110360 1. Entity Name					03-10-2008	90334 02	8 ***13	8.75	
	N BUSINESS COMMUNICA	TIONS LLC							
Principal Place	e of Business	Mailing Address		r o	040400				
241 PIPERS LANDING		241 PIPERS LANDING		ี ๒	60013438				
DEFUNIAK SPRINGS, FL 32433		DEFUNIAK SPRINGS, FL 32433			· ·				
				1 10611011 11	1611: 6111 1811 6111 1 1				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 183							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01142008	Chg-LLC	CR2E08	3 (12/06)		
City & State		City & State Niceville FC		Ł	4. FEI Number Applied For 20-4159539 Not Applicable				
Žip	Country	Zip 23 5 000	Okalose		of Status Desired		5.00 Add	itional	
	6. Name and Address of Current	Registered Agent	Chalcos		Address of New I				
			Name						
	MARK WAYNE		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	RS LANDING KSPRINGS, FL 32433		Sireet Add	areas (1.0. Dox Numb	er is Not Acceptable				
DE: 0111711	(O) ((I) OO,) E OZ-00								
			City		···	FL	Zip Code	9	
	named entity submits this statement fo	r the purpose of changing its r	egisterec office or re	egistered agent, or bo	th, in the State of FI	lorida. I am fa	miliar with,	and accept	
the obligat	ions of registered agent.								
SIGNATURE .									
	Cignoture, broad or printed name of coordered agents	and tyle of contracts (NIATE.	Department & series aireast as			DATE			
	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Registered Agent signature	e required when reinstating)		DATE	•		
	Signature, typed or printed name of registered agent in the second secon		Registered Agent signature	e required when reinstating)		DATE ke check pa a Departme		•	
	NOW!!! FEE IS \$138.75	;	Registered Agent signature	erequired when reinstating)	Florid	ke check pa)	
9. ·	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75 MANAGING MEMBE	;	10.	required when reinstating)	Florid	ke check par a Department		Addition	
9. TITLE NAME	MANAGING MEMBE MGR MCCUEN, MARK WAYNE	RS/MANAGERS	10. TITLE NAME	e required when reinstating)	Florid	ke check par a Department	nt of State		
9. ·	MANAGING MEMBE MGR MCCUEN, MARK WAYNE 241 PIPERS LANDING	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	e required when reinstating)	Florid	ke check par a Department	nt of State		
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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

850-259-6783

Day