

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116715

Entity Name: PHONETICS FIRST LLC

FILED  
Apr 26, 2008  
Secretary of State

**Current Principal Place of Business:**

313 TAVERNIER DRIVE  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

313 TAVERNIER DRIVE  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 26-3393747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KENNELLY, KIM ANN  
313 TAVERNIER DRIVE  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS. ( ) Delete  
Name: KENNELLY, KIM A  
Address: 313 TAVERNIER DRIVE  
City-St-Zip: OLDSMAR, FL 34677 US

Title: MS ( ) Delete  
Name: PIOWATY, TARA  
Address: 6455 ARGYLE FOREST BLVD APT. 523  
City-St-Zip: JACKSONVILLE, FL 32244

Title: MS. ( ) Delete  
Name: PIOWATY, KATHERINE  
Address: 313 TAVERNIER DRIVE  
City-St-Zip: OLDSMAR, FL 34677

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MR. ( ) Change (X) Addition  
Name: KAIRIS, WILLIAM J  
Address: 313 TAVERNIER DRIVE  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIM KENNELLY

MS.

04/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date