2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# L05000116715

Entity Name: PHONETICS FIRST LLC

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

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

ADDITIONS/CHANGES:

Title: MRS. (X) Change ( ) Addition
Name: KENNELLY, KIM A
Address: 313 TAVERNIER DRIVE
City-St-Zip: OLDSMAR, FL 34677 US

Title: MS (X) Change ( ) Addition
Name: PIOWATY, TARA
Address: 313 TAVERNIER DRIVE
City-St-Zip: OLDSMAR, FL 34677

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

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

Title: MR. ( ) Change (X) Addition
Name: PIOWATY, BRIAN
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 MRS. 04/11/2009

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