2007 LIMITED LIABILITY COMPANY

Jun 04, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L06000013339** 05-01-2007 90334 026 ****55.00 TELÂNTIS VENTURE PARTNERS VIII, LLC Principal Place of Business Mailing Address 300000--791 WYE ROAD 791 WYE ROAD AKRON, OH 44333 **AKRON, OH 44333** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 345 CHANCERY CIRCLE Suite, Apt. #, etc Suite, Apt. #, etc. 01052007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number 20-4435128 Applied For FL NAPLES Not Applicable Country Zip 7in Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOGGS, E. JACKSON Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602 City Zip Coda 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 familier with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS Α 10 ADDITIONS/CHANGES TITLE TITLE ☐ Delete ☐ Channe Addition ADAM H. MEYERSON NAME NAME 191 WYE RO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AKAON, OH 44333 TITLE ☐ Delata TITLE Change Addition 5, 7 NAME NALAF EUNOR M. CULOTTA STREET ADORESS STREET ADDRESS 791 WYE RO CITY-ST-ZP CITY-ST-ZIP AKAON, OH 44333 TITLE ☐ Delete TITLE Channe Addition AS, AT DEBORAH A. WARREN HALLE NAME STREET ADDRESS STREET ADDRESS 791 WYE RO CITY-ST-71P CITY - \$1 - 71P AKRON, OH 44393 Addition MLE ☐ Delete TITLE MGRM NAME NAME TELANTIS VENTURE PARTNERS V CLL B STREET ADORESS STREET ADDRESS 791 WYE AD HH 333 CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Defete TOLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MÆ ☐ Delete TITLE Addition | ☐ Change NAME NAME

FILED

11. I hereby certify that the information supplied with this filting 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 sectiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

330<u>-666-6380</u> SIGNATURE