LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # SINER SLAR Communication
1. Entity Name OF AMERICA, LLC FILED 206000056675 07 APR 30 AM 8: 54 SECRETARY OF STATE TALLAHASSEE FLORIDA DO NOT WRITE IN THIS SPACE BK 2. Principal Place of Business 3. Mailing Address OOA TE. TENNESSEE Suite, Apt. #, etc CR2E083B (8/05) 4. FEI Number Applied For City & State Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE City 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. FEE IS \$50.00 BK Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS MANAGING MEMBER TITLE JOHN ROBERT E. LEE 3715 WILKIOW CA. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALIAHASSEC, FL. 32309 TITLE TITLE 5000999923435 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7/P TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: JULIA ROBERT GO SIGNING MANAGING MEMBER MANAGER, OR AUTHORI

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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