

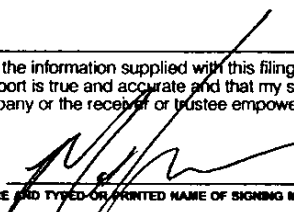


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000082754 1. Entity Name LIFEWORX TELECOM, L.L.C.				FILED 2007 SEP 20 PM 1:51 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 1966 E. WILLEDON DR. JACKSONVILLE, FL 32246		Mailing Address 1966 E. WILLEDON DR. JACKSONVILLE, FL 32246			
2. Principal Place of Business - No P.O. Box # 2542 Carriage Lamp Dr.		3. Mailing Address 2542 Carriage Lamp Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 09132007 Chg-LLC CR2E083 (12/06)	
Zip 32246		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PENUEL, WILLIAM R 6821 SOUTHPOINT DR. N. JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Pennel, William R. Street Address (P.O. Box Number is Not Acceptable) 13361 Atlantic Blvd. City Jacksonville FL Zip Code 32225			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NORMAN, MATTHEW 1966 E. WILLEDON DR. JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Norman, Matthew 2542 Carriage Lamp Drive Jacksonville, FL 32246 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: 		Date 9-13-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					