2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State DOCUMENT #L06000084293 04-30-2007 90054 035 ****50.00 QUANTICO BUILDING E. LLC Principal Place of Business Mailing Address 60043890 1001 EAST TELECOM DRIVE 1001 EAST TELECOM DRIVE BOCA RATON, FL 33431 BOCA RATON, FL. 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20-5504478 City & State City & State Applied For Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Florida Department of State Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR CEG ☐ Change Addition TITLE ☐ Delete TITLE SILVER, LARRY D NAME SILVER, LARRY D NAME 1001 EAST TELECOM DRIVE 1001 E TRICOM DV STREET ADDRESS STREET ADDRESS 33431 BOXA RATON PC CITY-ST-ZIP BOCA RATON, FL 33431 CITY - ST - ZIP MGR Addition ☐ Delete Change TITLE B JUDSON JR HUNAKER NAME NAME 1201 CENTRAL PARK BLVD STREET ADDRESS STREET ADDRESS DERIUKSBURG, VA 20401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **Z** Addition HOWAKER, BJUDSON JR NAME NAME 1201 CENTRAL PARK BLVD. STREET ADDRESS STREET ADDRESS FREDERICKSBURG, VA 22401 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS or East Tele com I CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

FILED

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