2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085412

Entity Name: CIRCUMFERENCE MANAGEMENT, LLC

Apr 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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550 BALMORAL CIRCLE NORTH 550 BALMORAL CIRCLE NORTH

305 307

JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

550 BALMORAL CIRCLE NORTH 550 BALMORAL CIRCLE NORTH

JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32218

FEI Number: 20-5461012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CIRCUMFERENCE AMERICA, INC. 550 BALMORAL CIRCLE NORTH 305, 306, 307 JACKSONVILLE, FL 32218 US

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

CIRCUMFERENCE AMERIC, A, INC. Name: Name: 550 BALMORAL CIRCLE NORTH - SUITE 305 Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

MCCANCE, JEWEL A Name: Name: Address: 550 BALMORAL CIRCLE NORTH - SUITE 305 Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip:

Title: MGRM () Delete Title: MGR (X) Change () Addition

ROOK, BATHSHEBA B ROOK, BATHSHEBA B Name: Name:

550 BALMORAL CIRCLE NORTH - SUITE 305 550 BALMORAL CIRCLE NORTH - SUITE 307 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM () Delete Title: MGR (X) Change () Addition

MARTINEZ, KELLY D Name: MARTINEZ, KELLY D Name:

550 BALMORAL CIRCLE NORTH - SUITE 305 550 BALMORAL CIRCLE NORTH - SUITE 307 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: JACKSONVILLE, FL 32218 US

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: NICOLE L STEELE 04/28/2007