
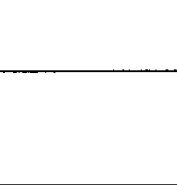


FILED
Mar 30, 2007 8:00 am
Secretary of State

DOCUMENT # L03000100090 1. Entity Name 130 SANCOM, LLC		L06000			
Principal Place of Business 1150 MOTORCOACH DRIVE POLK CITY, FL 33868			Mailing Address 1150 MOTORCOACH DRIVE POLK CITY, FL 33868		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent					
PORTER, PAUL E 1150 MOTORCOACH DRIVE POLK CITY, FL 33868					Name
					Street Address
					City
					State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
Filing Fee is \$50.00 Due by May 1, 2007					
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PORTER, PAUL E 1150 MOTORCOACH DRIVE POLK CITY, FL 33868				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				<input type="checkbox"/> Delete
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in the provisions of the Florida Limited Liability Company Act and that my signature shall have the same legal effect as if I were a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.					
SIGNATURE:  PAUL E. PORTER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					