2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

Principal Pace of Business Mailing Address 1001 EAST TELECOM DRIVE
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BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 02082008 ChgLLC CR2E083 (12/06) Suite, Apt. #, etc. 02082008 ChgLLC CR2E083 (12/06) City & State Cliy & State 4. FEI Number 87 97 0
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CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, protein of inguistered agent and title if applicable. SIGNATURE SIGNATURE SIGNATURE SIGNATURE MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR SILVER, LARRY D MANE SILVER, LARRY D MO101 EAST TELECOM DRIVE BOCA RATON, FL 33431 TITLE MGR GILVER, LARRY D MANE SILVER, LARRY D MANE MANE SILVER, LARRY D MANE MANE SILVER, LARRY
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 FILE NOWILI FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOWILI FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 White Code is the obligation of registered agent and tile if ageitable. (NOTE Registered Agent spallure required when reretating) 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOWILI FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES FILE NOWES SILVER, LARRY D 0010 EAST TELECOM DRIVE STREET ADDRESS OF THE
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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: Jesse A. 4015houser, CFO 461168 5619815255