
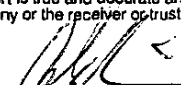


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90047 007 ****50.00

DOCUMENT # L98000001625 1. Entity Name YOURVILLAGE.COM, LLC																													
Principal Place of Business 2700 APALACHEE PARKWAY TALLAHASSEE, FL 32301			Mailing Address P.O. BOX 13746 TALLAHASSEE, FL 32317																										
2. Principal Place of Business 8101 Archer Circle		3. Mailing Address Suite, Apt. #, etc.																											
City & State Tallahassee, FL		City & State Suite, Apt. #, etc.																											
Zip 32309		Country U.S.A.		07262004 Chg-LLC CR2E083 (10/03)																									
4. FEI Number 59-3531641				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent LUNNY, CHRISTOPHER B 106 EAST COLLEGE AVENUE, SUITE 1200 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Lunny, Christopher B. Street Address (P.O. Box Number is Not Acceptable) 313 N. Monroe Street Suite 200 City Tallahassee FL Zip Code 32301																										
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEVINSON, ADAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1700 METROPOLITAN BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32308</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Levinson, Adam</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3708 Humble Cove</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Austin, TX 78730</td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	LEVINSON, ADAM		STREET ADDRESS	1700 METROPOLITAN BOULEVARD		CITY-ST-ZIP	TALLAHASSEE, FL 32308		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Levinson, Adam		STREET ADDRESS	3708 Humble Cove		CITY-ST-ZIP	Austin, TX 78730	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 7-28-04 Daytime Phone # 512-940-7137																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													