

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001965

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: AMERICAN INFOAGE, LLC

**Current Principal Place of Business:**

4465 W. GANDY BLVD.  
SUITE 800  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

4465 W. GANDY BLVD.  
SUITE 800  
TAMPA, FL 33611

**New Mailing Address:**

FEI Number: 59-3543256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOPER, MILLER M  
4465 W. GANDY BLVD.  
SUITE 800  
TAMPA, FL 33611 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KCD ASSOCIATES, A GE, ORGIA LIMITED P ARTNER  
Address: 2380 N. PEACHTREE WAY  
City-St-Zip: DUNWOODY, GA 30338

Title: MGR ( ) Delete  
Name: CUNNINGHAM, GENE  
Address: 4465 W GRANDY BLVD #800  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GENE CUNNINGHAM      MNGR      04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date