2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90033 039 ****55.00

DOCUMENT # M04000003984

1. Entity Name
COPYTALK, LLC

Principal Place of Business	Mailing Address
1351 FRUITVILLE ROAD SARASOTA, FL 34236	1351 FRUITVILLE ROAD SARASOTA, FL 34236

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
500 Talkvast Road	500 Talkvast Road
Suite, Apt # etc. Suite 102	Suite, Apt # etc. Suite 102
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34243 Country USA	Zip 34243 Country USA

04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1144740 — Applied For / Not Applicable

5. Certificate of Status Desired X — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNOLD, GARY J 7339 PERIWINKLE DRIVE SARASOTA, FL 34231	Name 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORTHINGTON, NORMAN A III ~~1351 FRUITVILLE ROAD~~ ~~SARASOTA FL 34236~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 Tallevast Road, Suite 102 Sarasota, FL 34243	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] Gary J. Arnold 4/25/07 (941)302-3249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #