2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED DOCUMENT # M04000004956 May 01, 2006 08:00 AN Secretary of State ALACHUA SONIC, LLC Principal Place of Business Mailing Address 815 PARKWAY 15350 NW 144 WAY ALACHUA, FL 32615 CONWAY, AR 72034 03232006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1852959 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JARVIS, CHAD DO NOT WRITE 6025 SW 250TH STREET NEWBERRY, FL 32669 IN THIS SPACE 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. 4/27/04 DATE inted name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR/ President TITLE PORTER, DENNIS NAME 263 LAKEVIEW ROAD STREET ADDRESS CITY-ST-ZIP EDGEMONT, AR 72044 TITLE NAME U000000549778 05/13/06-80034-016 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 acquirate and that ply 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 trusted employment to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/27/06

870-948-256

Daytime Phone #