## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jul 17, 2006 08:00 AM DOCUMENT # M05000004974 **Secretary of State** PAYMERICA, LLC Mailing Address Principal Place of Business 2382 FARADAY AVE 2382 FARADAY AVE CARLSBAD, CA 92008 CARLSBAD, CA 92008 07122006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 80-0057953 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U000000570536 Filing Fee is \$50.00 Due by September 6, 2006 07/17/06-80005-017 50.00 MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE BORK, DAVID T NAME STREET ADDRESS 2379 MERWIN DR CARLSBAD, CA 92008 CITY-ST-ZIP MGRM TITLE YANCEY, CHARLES NAME 301 BARTRAM TRAIL SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32259 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE NAME -STREET ADDRESS

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

877-729-6374×100

**FILED**