


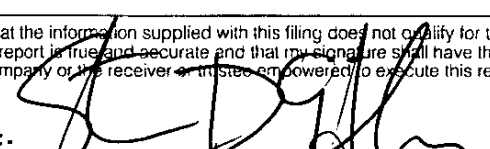


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

538-75

DOCUMENT # M06000005791 1. Entity Name DIRECPATH, LLC						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> FILED 08 SEP 15 PM 1:08 CLERK OF STATE TALLAHASSEE </div>			
Principal Place of Business 100 CRESCENT COURT, STE. 1200 DALLAS TX 75201				Mailing Address 100 CRESCENT COURT, STE. 1200 DALLAS TX 75201					
2. Principal Place of Business - No P.O. Box # 817 W. Peachtree St NW		3. Mailing Address 817 W. Peachtree St NW		Suite, Apt. #, etc. 750		Suite, Apt. #, etc. 750		2nd MOORE CR2E083 (4/08)	
City & State Atlanta GA		City & State Atlanta, GA		4. FEI Number 20-4849689		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip 30308		Country USA		Zip 30308		Country USA		6. Name and Address of Current Registered Agent TOOMBBS, ROBERT L 2978 WENTWORTH WESTON FL 33332	
7. Name and Address of New Registered Agent Name BS PA CORPORATE SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 350 E. LAS OLAS BLVD, STE 1000 City Ft. Lauderdale FL Zip Code 33301				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  STEVEN D HICKEY 8/30/8 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$538.75 Make Check Payable to Florida Department of State Due By September 3, 2008				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input type="checkbox"/>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES					
TITLE MGR <input checked="" type="checkbox"/> Delete NAME SAVOLDELLI, PAUL STREET ADDRESS 100 CRESCENT COURT, STE. 1200 CITY-ST-ZIP DALLAS TX 75201				TITLE CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STEVEN D HICKEY STREET ADDRESS 817 W. Peachtree St NW Ste 750 CITY-ST-ZIP Atlanta, GA 30308					
TITLE CEO <input type="checkbox"/> Delete NAME WILLIAM K. DOOD STREET ADDRESS 817 W. Peachtree St NW, Ste 750 CITY-ST-ZIP Atlanta, GA 30308				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100135964231 STREET ADDRESS 09/16/08--01013--025 **1656.25 CITY-ST-ZIP 079/15-					
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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:  STEVEN D HICKEY 8/30/8 404 6457949 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 8/30/8					