2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# M99000001519

Entity Name: CIRCULAR LOGIC, L.L.C.

Current Principal Place of Business:

399 NW 7TH AVE.
BOCA RATON, FL 334863509

New Principal Place of Business:

Current Mailing Address:

399 NW 7TH AVE.
BOCA RATON, FL 334863509

New Mailing Address:

FEI Number: 23-2944370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LARGE, EDWARD
399 NW 7TH AVE.
BOCA RATON, FL 33486 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: MGRM ( ) Delete
Name: LARGE, EDWARD
Address: 399 NW 7TH AVE.
City-St-Zip: BOCA RATON, FL 334863509

Title: MGRM ( ) Delete
Name: REAMS, JAMES
Address: 3765 RIVERSIDE WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: STAUFFER, MICHAEL G
Address: 319 S 43RD ST
City-St-Zip: PHILADELPHIA, PA 19104

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL STAUFFER MGRM 05/01/2006

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