

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002012

FILED
Apr 27, 2005
Secretary of State

Entity Name: TELEFORCE, L.L.C.

Current Principal Place of Business:

6931 NW 88 AVE.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

6931 NW 88 AVE.
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0988331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, MARY
6931 NW 88 AVE.
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

RUB, MARTA L
6931 NW 88 AVE.
TAMARAC, FL 33321 US

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: MARTA LEDERMAN RUB

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: EISDORFER, CHRIS
Address: 6931 NW 88AVE
City-St-Zip: TAMARAC, FL 33321

Title: MGRM () Delete
Name: PAPUNEN, SANDRA
Address: 6931 NW 88 AVE
City-St-Zip: TAMARAC, FL 33321

Title: MGR () Delete
Name: SANCHEZ, MARY
Address: 8412 DUNDEE TERR.
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: RUB, MARTA L
Address: 1380 NE MIAMI GARDENS DR. STE 272
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTA LEDERMAN RUB

MGR

04/27/2005

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