


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APR 11 11:00
 Apr 23, 2007 08:00 A
 Secretary of State

DOCUMENT # L01000006186
 1. Entity Name
 WENDOVER COMMUNICATIONS, L.L.C.



Principal Place of Business
 615 CRESCENT EXECUTIVE CT., STE. 120
 LAKE MARY FL 32746

Mailing Address
 615 CRESCENT EXECUTIVE CT., STE. 120
 LAKE MARY FL 32746



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number **59-3735961** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, N. DWAYNE JR ESQ
 GREENSPOON, MARDER, HIRSCHFELD, ET AL
 201 EAST PINE STREET SUITE 500
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007


9. MANAGING MEMBERS/MANAGERS

TITLE	MGR <input type="checkbox"/> Delete
NAME	BORCK, TODD
STREET ADDRESS	615 CRESCENT EXECUTIVE CT., STE. 120
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	MGR <input type="checkbox"/> Delete
NAME	LAW, GREGORY
STREET ADDRESS	615 CRESCENT EXECUTIVE CT., STE. 120
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	MGR <input type="checkbox"/> Delete
NAME	WOLF, JONATHAN
STREET ADDRESS	615 CRESCENT EXECUTIVE CT., STE. 120
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	MGR <input type="checkbox"/> Delete
NAME	LAW, PATRICK E
STREET ADDRESS	615 CRESCENT EXECUTIVE CT., STE. 120
CITY-ST-ZIP	LAKE MARY FL 32746
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:  DATE: 4/18/07 DAYTIME PHONE #: (407) 333-1440

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