## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000009957

1. Entity Name

TRAE COMMUNICATIONS, LLC



## **FILED** Mar 14, 2003 8:00 am Secretary of State

03-14-2003 90006 017 \*\*\*\*50.00

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	DO 1	NOT WRI	ITE IN THIS	SPAC	E			
2. Principal Place of Business 7226 W. Colonial Drive Suite, Apt. #, etc.			3. Mailing Address 724 W54 Suite, Apt. #, etc.	ldonial	Drive	DO NOT WRITE IN THIS SPACE		
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	Orlando, Florida		Orlando	Floria	la	F2 3-4 4000		Applied For Not Applicable
3281	8	Country U.S.A	32818	Count U.	s.A.	5. Certificate of Status Desired	□ \$5.06 Fee Re	O Additional
						7. Name and Address of Current Re		
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IN THIS SPACE					Street Address (P.O. Box Number is Not Acceptable)			
			J.7.UL	#813				
					*Brlanch		FL Zig	Code .
8. The above	named enti	ty submits this statem	nent for the purpose of changing	na its registere	d office or registere	2 , ed agent, or both, in the State of Florida		7818
the obligat	tions of regis	tered agent.	The part of the state of the st	ig ita registere	a office of registere	so agent, or both, in the State of Florida	a. I am tamiliar v	vith, and accept
CICNIATURE								
SIGNATURE	Signature, typed	or printed name of registered	d agent and title if applicable.				DATE	
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				DUE BY	MAY 1			
9.	Chial	MANAGING MI	EMBERS/MANAGERS					
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/11/2003 321-228-4538