

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90131 021 ****50.00

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01082004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000015958
 1. Entity Name
 ALPHA-OMEGA COMMUNICATIONS, LLC



Principal Place of Business
 595 BAY ISLES ROAD
~~SUITE 120-E~~
 LONGBOAT KEY, FL 34228 US

Mailing Address
 595 BAY ISLES ROAD
~~SUITE 120-E~~
 LONGBOAT KEY, FL 34228 US

2. Principal Place of Business
 595 Bay Isles Road
 Suite, Apt. #, etc.
 Suite 210
 City & State
 Longboat Key, FL
 Zip
 34228
 Country
 USA

3. Mailing Address
 595 Bay Isles Road
 Suite, Apt. #, etc.
 Suite 210
 City & State
 Longboat Key, FL
 Zip
 34228
 Country
 USA

4. FEI Number
 65-1138004
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 EATRIDES, JAMES A
 700 LYONS LANE
 LONGBOAT KEY, FL 34228

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 *James A. Eatrides* 01/09/2004
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EATRIDES, JAMES A 700 LYONS LANE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASWELL, PAUL H 731 EMERALD HARBOR DR. LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: *James A. Eatrides Mgr.* 01/09/2004 941-383-8223
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #