


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90215 020 \*\*\*\*50.00

**DOCUMENT # L03000030444**

1. Entity Name  
**AMERICAN TELEMETRY, LLC**



Principal Place of Business      Mailing Address

6701 HANLEY ROAD      P.O. BOX 24282  
 TAMPA, FL 33634      TAMPA, FL 33622



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01172006    Chg-LLC    CR2E083 (11/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**32-0089520**      Not Applicable

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

6. Name and Address of Current Registered Agent

**AYLWARD, ROBERT E**  
**600 S. MAGNOLIA AVENUE, SUITE 100**  
**TAMPA, FL 33606**

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)


**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	D <input type="checkbox"/> Delete
NAME	BLANCO, RAFAEL
STREET ADDRESS	4301 N. HABANA, SUITE 1
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D <input type="checkbox"/> Delete
NAME	CANEDO, MARIO
STREET ADDRESS	14601 ANCHORET ROAD
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D <input type="checkbox"/> Delete
NAME	CISNEROS, FRANK
STREET ADDRESS	4918 LYFORD CAY ROAD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D <input type="checkbox"/> Delete
NAME	INGA, JORGE J
STREET ADDRESS	6701 HANLEY ROAD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D <input type="checkbox"/> Delete
NAME	LEON, GUILLERMO
STREET ADDRESS	18605 AVENUE CAPRI
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D <input type="checkbox"/> Delete
NAME	MENEDEZ, LUIS
STREET ADDRESS	2613 N. DUNDEE STREET
CITY-ST-ZIP	TAMPA, FL 33629

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	
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 Chapter 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:**       **4/4/06**      **813-220-1361**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #