


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90035 031 ****50.00

| | | | | | |
|--|----------------------------|---------------------------------|---|--|--|
| DOCUMENT # L05000027916 1. Entity Name UNISPECTRA NETWORKS DEVICES, LLC | | | |  | |
| Principal Place of Business 600 PARKVIEW DRIVE, #314 HALLANDALE BEACH, FL 33009 | | | Mailing Address 600 PARKVIEW DRIVE, #314 HALLANDALE BEACH, FL 33009 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 04142006 Chg-LLC CR2E083 (11/05) | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 | | | | Name <u>Aiste Walters</u> | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) <u>600 Parkview Drive #314</u> | |
| | | | | City <u>Hallandale Beach</u> FL Zip Code <u>33009</u> | |
| 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 <u>Aiste Walters</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | RADZEVICIUS, ARTURAS | | NAME | | |
| STREET ADDRESS | 600 PARKVIEW DRIVE, #314 | | STREET ADDRESS | | |
| CITY - ST - ZIP | HALLANDALE BEACH, FL 33009 | | CITY - ST - ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALTERS, AISTE | | NAME | | |
| STREET ADDRESS | 600 PARKVIEW DRIVE, #314 | | STREET ADDRESS | | |
| CITY - ST - ZIP | HALLANDALE BEACH, FL 33009 | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | 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: <u>Aiste Walters</u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

