


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR 99 AM 11:37

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE	

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000283**

TELEFON, LIMITED LIABILITY COMPANY
7353 S. ALTON WAY, BLDG. A
SUITE 102
ENGLEWOOD CO 80112

AK-AR CM

1a. Principal Place of Business Address

7353 S. ALTON WAY, BLDG. A
SUITE 102
ENGLEWOOD CO 80112

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
03/25/1998	CO
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
841314437	
5. Date of Last Report	6. Certificate of Status Desired
	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

CORPAMERICA, INC.
1525 S. ANDREWS AVE., SUITE 216
FORT LAUDERDALE FL 33316

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)
600002837266--6

Suite, Apt. #, etc. -04/13/99--01003--007
****188.75 ****188.75

City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *[Signature]* DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PERRI, MICHAEL P	7353 S. ALTON WAY, BLDG. A	ENGLEWOOD CO
MGR	MARIANI, STEVE	7353 S. ALTON WAY, BLDG. A	ENGLEWOOD CO

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/28/99 303-779-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Display Phone #