

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000002723 1. Entity Name QUIXCOMM GROUP, L.L.C.	
--	---

Principal Place of Business 6150 DIAMOND CENTER CT., BLDG #100 FORT MYERS FL 33912	Mailing Address 6150 DIAMOND CENTER CT., BLDG #100 FORT MYERS FL 33912
--	--



MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

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

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 65-1002452	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent BLOY, RICHARD L 6150 DIAMOND CENTER COURT, BLDG #100 FORT MYERS FL 33912
--

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)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	<input type="checkbox"/>
NAME	WOODARD, JOHN A	
STREET ADDRESS	6150 DIAMOND CENTER COURT BLDG #100	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	M	<input type="checkbox"/>
NAME	BLOY, RICHARD L	
STREET ADDRESS	6150 DIAMOND CENTER COURT BLDG #100	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	M	<input type="checkbox"/>
NAME	BLOY, DEBORAH A	
STREET ADDRESS	6150 DIAMOND CENTER COURT BLDG #100	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	000000016042		
NAME	01/28/04-80039-003 50.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: John Woodard, JOHN WOODARD, MANAGING MEMBER 1-22-04