

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031160

**FILED**  
**May 02, 2005**  
**Secretary of State**

**Entity Name:** 1826 COMMUNICATION SYSTEMS LLC

**Current Principal Place of Business:**

888 S.E. THIRD AVENUE, SUITE 400  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

888 S.E. THIRD AVENUE, SUITE 400  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 75-3163629      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEA A. SLAMA DIMITRI, P.A.  
888 S.E. THIRD AVENUE, SUITE 400  
FORT LAUDERDALE, FL 33316      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM      ( ) Delete  
**Name:** SALAMA, SAMUEL  
**Address:** 888 S.E. THIRD AVENUE, SUITE 400  
**City-St-Zip:** FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SAMUEL SALAMA

MGRM

05/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date