

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000980

Entity Name: TELEAMERICAS, LLC

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

1005 KANE CONCOURSE
#212
BAY HARBOUR, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

1005 KANE CONCOURSE
#212
BAY HARBOUR, FL 33154 US

New Mailing Address:

FEI Number: 65-0979256 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:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVE., 28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGRM () Delete
Name: RAIM, IANNA
Address: 9881 E. BROADWAY DR.
City-St-Zip: BAY HARBOR, FL 33154

Title: MGRM () Delete
Name: KASAKINS, STEVE
Address: 11023 NW 2ND ST
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAIM, IANNA
Address: 9881 E. BROADVIEW DR.
City-St-Zip: BAY HARBOR, FL 33154

Title: MGRM (X) Change () Addition
Name: KASAKITIS, STEVE
Address: 11023 N.W. 2ND ST.
City-St-Zip: CORAL SPRINGS, FL 33071

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: IANNA RAIM

PRES

06/30/2005

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