## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L0000006535

Entity Name: THE TELEMARQUE GROUP LTD., LLC

FILED Mar 22, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

10053 S.W. 16TH STREET 10053 S.W. 16TH STREET PEMBROKE PINES, FL 33025

QUINCEY PARK

PEMBROKE PINES, FL 330253604 US

**Current Mailing Address:** New Mailing Address:

10053 S.W. 16TH STREET 10053 S.W. 16TH STREET

PEMBROKE PINES, FL 33025 QUINCEY PARK

PEMBROKE PINES, FL 330253604 US

FEI Number: 65-1015170 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MACKEY, JAMES L MACKEY, JAMES L

10053 S.W. 16TH STREET 10053 S.W. 16TH STREET

PEMBROKE PINES, FL 33025 US QUINCEY PARK PEMBROKE PINES, FL 33025 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: 03/22/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change ( ) Addition

MACKEY, JAMES L JR MACKEY, JAMES L JR Name: Name: 10053 S.W. 16 STREET Address: 10053 S.W. 16 STREET Address:

City-St-Zip: PEMBROKE PINES, FL 33025 US City-St-Zip: PEMBROKE PINES, FL 330253604 US

Title: MGRM () Delete Title: () Change () Addition

MACKEY, HASSAN W Name: Name: Address: 10053 S.W. 16 STREET Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

MURRAY, PAUL Name: Name: Address: 10053 S.W. 16 STREET Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition DESRUISSEAUX, REYNOLDS C Name: DESRUISSEAU, REYNOLDS C Name: Address: 10053 S.W. 16 STREET Address: 10053 S.W. 16 STREET City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM ( ) Delete Title: () Change () Addition

MUHAMMAD, ALFRED Name: Name: 10053 S.W. 16 STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: J.L. MACKEY JR. **MGRM** 03/22/2007