

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006535

FILED
Feb 09, 2009
Secretary of State

Entity Name: THE TELEMARQUE GROUP LTD., LLC

Current Principal Place of Business:

10053 S.W. 16TH STREET
QUINCEY PARK
PEMBROKE PINES, FL 330253604 US

New Principal Place of Business:

Current Mailing Address:

10053 S.W. 16TH STREET
QUINCEY PARK
PEMBROKE PINES, FL 330253604 US

New Mailing Address:

FEI Number: 65-1015170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACKEY, JAMES L
10053 S.W. 16TH STREET
QUINCEY PARK
PEMBROKE PINES, FL 33025 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: MACKEY, JAMES L JR
Address: 10053 S.W. 16 STREET
City-St-Zip: PEMBROKE PINES, FL 330253604 US

Title: MGRM () Delete
Name: DESRUISSEAU, REYNOLDS
Address: 10053 S.W. 16 STREET
City-St-Zip: PEMBROKE PINES, FL 330253604

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SHABAZZ, ASADULLAH M
Address: 10053 S.W. 16 STREET
City-St-Zip: PEMBROKE PINES, FL 330253604

I hereby certify that the information supplied with this filing does not qualify 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: JAMES L. MACKEY JR.

MGRM

02/09/2009

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