## **2006 LIMITED LIABILITY COMPANY**

## FILED **ANNUAL REPORT** Jan 20, 2006 08:00 AM DOCUMENT # L00000015978 **Secretary of State** 1. Entity Name UNIVERSAL TELESERVICES ARIZONA, LLC Principal Place of Business \_Mailing Address 3118 DICK WILSON DR 3118 DICK WILSON DR SARSOTA, FL 34240 SARASOTA, FL 34240 01142006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 52-2284140 Not Applicable \$5.00 Additional $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUSSELL, JOANNE DO NOT WRITE 3118 DICK WILSON DR SARASOTA, FL 34240 IN THIS SPACE 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 typed or printed name of registered agent and fittle if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM HILE DR HOLDING, LLC MAME STREET ADDRESS 3118 DICK WILSON DR CITY-ST-ZIP SARASOTA, FL 3440 U00000393482 01/25/06-80023-007 50.00 STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 hability company or the receiver or trustee enhowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP