

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000086

FILED
Apr 12, 2004
Secretary of State

Entity Name: CHAMELEON COMMUNICATIONS, L.L.C.

Current Principal Place of Business:

504 KEENAN AVE
FORT MYERS, FL 33919

New Principal Place of Business:

7811 REFLECTION COVE DRIVE
#104
FORT MYERS, FL 33907

Current Mailing Address:

PO BOX 61434
FT MYERS, FL 33906

New Mailing Address:

FEI Number: 65-1066166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, DEBORAH M
504 KEENAN AVENUE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

HANSON, DEBORAH M
7811 REFLECTION COVE DRIVE
#104
FORT MYERS, FL 33907 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

04/12/2004

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HANSON, DEBORAH M
Address: 504 KEENAN AVENUE
City-St-Zip: FORT MYERS, FL 33919

Title: MGR () Delete
Name: VAN DUSEN, SUSAN A
Address: 4N 030 WIANI ROAD
City-St-Zip: WEST CHICAGO, IL 60185

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HANSON, DEBORAH M
Address: 7811 REFLECTION COVE DRIVE
City-St-Zip: FORT MYERS, FL 33907

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: DEBORAH M. HANSON

MGR

04/12/2004

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