

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002878

Entity Name: SATELLINK WEST, L.L.C.

FILED
Feb 28, 2007
Secretary of State

Current Principal Place of Business:

13030 STATE ROAD 62
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

PO BOX 408
PARRISH, FL 34219

New Mailing Address:

FEI Number: 65-1089086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUMFORD, WILLIAM
13030 STATE RD 62
PARRISH, FL 34219 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: MUMFORD, WILLIAM W
Address: 13030 STATE ROAD 62
City-St-Zip: PARRISH, FL 34219

Title: MGRM () Delete
Name: NEWMAN, JEFFREY D
Address: 4014 MOSSY OAK DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: MGRM () Delete
Name: FARRELL, JAMES E
Address: 16216 NORTH 67TH STREET
City-St-Zip: SCOTTSDALE, AZ 85254

ADDITIONS/CHANGES:

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

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

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 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: WILLIAM W. MUMFORD

SEC.

02/28/2007

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