


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90078 001 ****50.00

DOCUMENT # L01000002909	
1. Entity Name TIER ONE COMMUNICATIONS LLC	

Principal Place of Business 2003 WEST CYPRESS CREEK RD., STE. 107 FT LAUDERDALE, FL 33309	Mailing Address 2003 WEST CYPRESS CREEK RD., STE. 107 FT LAUDERDALE, FL 33309
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60046300



2. Principal Place of Business - No P.O. Box # 1860 Old Okeechobee Rd	3. Mailing Address 1860 Old Okeechobee Rd
Suite, Apt. #, etc. 510	Suite, Apt. #, etc. 510
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33409	Country FL

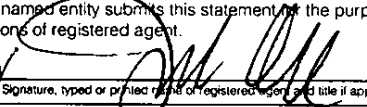
04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-1077987	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent OSBORNE, JOSEPH A 2005 WEST CYPRESS CREEK RD. STE 205 FORT LAUDERDALE, FL 33309	
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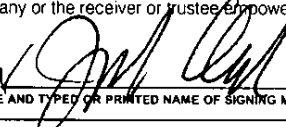
7. Name and Address of New Registered Agent Name Joseph A. Osborne Street Address (P.O. Box Number is Not Acceptable) 1860 Old Okeechobee Rd Ste 510 City West Palm Beach FL Zip Code 33409	
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8. The above named entity submits this statement for the purpose 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  Joseph Osborne 4.17.07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	
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**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSBORNE, JOSEPH A 2003 WEST CYPRESS CREEK RD., STE. 107 FT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE:  Joseph Osborne 4.17.07 561.202.8007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>