## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2008 8:00 am Secretary of State

		. KEPUK I			Sccien	- J		
1. Entity Nam	MENT #L01000002 communications LLC			04-28-2008	3 90061 0:	25 ***138	3.75	
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Principal Place of Business 1860 OLD OKEECHOBEE RD SUITE 510		Mailing Address 1860 OLD OKEECHOBEE RD SUITE 510			,	,	,	
	BEACH, FL 33409	WEST PALM BEACH, FL	33409		NIN NITIND AND A NITIN CEIRE S	BIM BTIN CTIM HI	8(8 1811) 8 <b>9</b> 118 121	<b>3</b> 51 111 <b>186</b> 1
Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0204200	B Chg-LLC	CR2E0	083 (12/06)	
City & State		City & State		4. FEI Nur 65-10	nber )77987		- <del></del>	plied For t Applicable
Zip Country		Zip Country			5. Certificate of Status Desired Status Desired Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New	Registered /	Agent	
OSBODNE	LOCEDIA		Name					
1860 OLD	E, JOSEPH A OKEECHOBEE RD SUITE 51 LM BEACH. FL 33409	0	Street A	ddress (P.O. Box Nur	nber is Not Acceptab	ole)		
							1	
The above named entity submits this statement for the purpose of changing its rec			City		hath is the Chair of F	FL	Zip Code	
	named entity submits this statement to ions of registered agent.	or the purpose of changing its r	egistered onice or	registered agent, or	oom, in the state of r	noriua, i am	iamiliar with,	ano accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ure required when reinstating)		DATE		
12-1	• į							
FILE					Ma	ike check p	ayable to	
FILE After May	NOW!!! FEE'IS \$138.75 1, 2008 Fee will be \$538.7	5				•	eayable to ent of State	<del>.</del>
FILE After May	NOWIII FEE'IS \$138.75		10.		Florid	•	ent of State	3
9.	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75 MANAGING MEMBE	ERS/MANAGERS THE QUELLE Delete	TITLE		Florid	da Departm	ent of State	Addition
9. TITLE NAME	MANAGING MEMBE MGR OSBORNE, JOSEPH A	ERS/MANAGERS THE OUT Delete	TITLE NAME		Florid	da Departm	ent of State	
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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 are 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:

SIGNATURE AND TYPED OR PRINTED IMAGE OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #