## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L01000004618**

1. Entity Name

PHONE CARD DEPOT HOUSTON, LLC



FILED Mar 21, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1215 W. NEWPORT CTR DR. DEERFIELD BEACH, FL 33442 1215 W. NEWPORT CTR DR. DEERFIELD BEACH, FL 33442



01252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2611474

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKATIA, MOHAMMED A 1215 W. NEWPORT CTR DR. DEERFIELD BEACH, FL 33442

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>				
SIGNATURE_	Signature, typed or printed name of registered agent and life if applicable.	(NOTE: Registered Agent a gnature required when renotating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARKATIA, M.A. 1215 W. NEWPORT CTR DR. DEERFIELD BEACH, FL. 33442		000000271959 03/21/05-80070-007 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify 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 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.				

Ela Dept OF STATE

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