


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000005204 1. Entity Name TOP LEVEL COMMUNICATIONS, LLC	
--	---

Principal Place of Business 5 PELICAN ISLE FORT LAUDERDALE, FL 33301	Mailing Address 5 PELICAN ISLE FORT LAUDERDALE, FL 33301
--	--

DO NOT WRITE IN THIS SPACE



04252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1094177	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVENDER, JOEL R ESQ.
507 S.E. 11TH COURT
FORT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARSON, ROXANN N 5 PELICAN ISLE FORT LAUDERDALE, FL 33303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARSON, JAMES P 5 PELICAN ISLE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRISON, KEVIN J 5 PELICAN ISLE FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000362951
05/05/05-80139-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Roxann Carson 4:30 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #