



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000006186											
1. Entity Name WENDOVER COMMUNICATIONS, L.L.C.											
Principal Place of Business 615 CRESCENT EXECUTIVE CT., STE. 120 LAKE MARY, FL 32746	Mailing Address 615 CRESCENT EXECUTIVE CT., STE. 120 LAKE MARY, FL 32746										
DO NOT WRITE IN THIS SPACE											
		 04132006No Chg-LLC CR2E083 (11/05)									
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 59-3735961</td><td style="width: 20%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	4. FEI Number 59-3735961	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required						
4. FEI Number 59-3735961	Applied For Not Applicable										
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required											
6. Name and Address of Current Registered Agent											
GRAY, N. DWAYNE JR ESQ GREENSPOON, MARDER, HIRSCHFELD, ET AL 201 EAST PINE STREET SUITE 500 ORLANDO, FL 32801	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.											
<table style="width: 100%;"><tr><td style="width: 40%;">SIGNATURE _____</td><td style="width: 20%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td><td style="width: 40%; text-align: right;">DATE _____</td></tr><tr><td style="font-size: 10px;">Signature, typed or printed name of registered agent and title if applicable.</td><td></td><td></td></tr></table>			SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____	Signature, typed or printed name of registered agent and title if applicable.					
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____									
Signature, typed or printed name of registered agent and title if applicable.											
<div style="display: flex; justify-content: space-between;"><div>Filing Fee is \$50.00 Due by May 1, 2006</div><div style="text-align: right;">000000543129 05/10/06-80126-013 50.00</div></div>											
9. MANAGING MEMBERS/MANAGERS											
TITLE	MGR										
NAME	BORCK, TODD										
STREET ADDRESS	615 CRESCENT EXECUTIVE CT., STE. 120										
CITY-ST-ZIP	LAKE MARY, FL 32746										
TITLE	MGR										
NAME	LAW, GREGORY										
STREET ADDRESS	615 CRESCENT EXECUTIVE CT., STE. 120										
CITY-ST-ZIP	LAKE MARY, FL 32746										
TITLE	MGR										
NAME	WOLF, JONATHAN										
STREET ADDRESS	615 CRESCENT EXECUTIVE CT., STE. 120										
CITY-ST-ZIP	LAKE MARY, FL 32746										
TITLE	MGR										
NAME	LAW, PATRICK E										
STREET ADDRESS	615 CRESCENT EXECUTIVE CT., STE. 120										
CITY-ST-ZIP	LAKE MARY, FL 32746										
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 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.											
<table style="width: 100%;"><tr><td style="width: 60%;">SIGNATURE: _____</td><td style="width: 20%; text-align: center;">4/21/06</td><td style="width: 20%; text-align: right;">(407) 333-1440</td></tr><tr><td style="font-size: 10px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</td><td style="text-align: center;">Date</td><td style="text-align: right;">Daytime Phone #</td></tr><tr><td style="text-align: center;">Todd L. Borck</td><td></td><td></td></tr></table>			SIGNATURE: _____	4/21/06	(407) 333-1440	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	Todd L. Borck		
SIGNATURE: _____	4/21/06	(407) 333-1440									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #									
Todd L. Borck											