


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90072 043 ****50.00

DOCUMENT # L01000020590	
1. Entity Name TELECOMUNICACIONES TRUNKLINE, LLC	

Principal Place of Business 111 N.E. 1ST STREET, 9TH FLOOR MIAMI, FL 33132	Mailing Address 111 N.E. 1ST STREET, 9TH FLOOR MIAMI, FL 33132
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2. Principal Place of Business 100 D Biscayne Blvd Suite, Apt. #, etc. Suite 812 City & State Miami FL Zip 33132 Country Dade	3. Mailing Address 100 D Biscayne Blvd Suite, Apt. #, etc. Suite 812 City & State Miami FL Zip 33132 Country Dade
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07202004 Chg-LLC CR2E083 (10/03)

4. FEI Number 14-1841646	<input type="checkbox"/> 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
ALMENARA, ANTONIO
111 N.E. 1ST STREET
9TH FLOOR
MIAMI, FL 33132

7. Name and Address of New Registered Agent
Name: Antonio Brito Almenara
Street Address (P.O. Box Number is Not Acceptable): 100 D Biscayne Blvd
Suite 812
City: Miami FL Zip Code: 33132

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  Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/29/04
DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELECOMUNICACIONES TRUNKLINE, C.A AVENIDA LOS CHAGUARAMOS, CALLE ESQUINA CARACAS, VENZUELA, <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
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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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
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

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/29/04 305-332-3400
Date Daytime Phone #