

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020866

Entity Name: FREEDOM PHONE, LLC

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

101 SE 6TH AVE.
SUITE D
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

101 SE 6TH AVE.
SUITE D
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-1157097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RUTHMAN, MAUREEN
101 SE 6TH AVE.
SUITE D
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

TURNER, ANTHONY S
101 SE 6TH AVE.
SUITE D
DELRAY BEACH, FL 33483 US

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.

SIGNATURE: ANTHONY S TURNER

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: RINKOWSKI, GLEN
Address: 512 MEANS STREET-SUITE 300
City-St-Zip: ATLANTA, GA 30318

Title: MGRM () Delete
Name: TURNER, ANTHONY S
Address: 101 SE 6TH AVENUE, SUITE D
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTHONY S. TURNER

MGRM

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date