
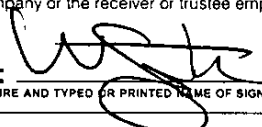


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90195 040 ****50.00

DOCUMENT # L01000021588 1. Entity Name EMERALD ISLAND COMMUNICATIONS, LLC					
Principal Place of Business 365 TAFT-VINELAND RD. SUITE 101 ORLANDO, FL 32824			Mailing Address 365 TAFT-VINELAND RD. SUITE 101 ORLANDO, FL 32824		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03162007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 37-1471880				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 STRICKLER, WILLIAM 365 TAFT-VINELAND RD. SUITE 101 ORLANDO, FL 32824			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVARETTA, CHARLES F		NAME		
STREET ADDRESS	5200 VINELAND ROAD, SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLER, WILLIAM		NAME		
STREET ADDRESS	365 TAFT VINELAND RD #101		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32824		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: 			3/22/07 (40) 210-4046		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					