

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001572

FILED
Apr 23, 2004
Secretary of State

Entity Name: COMPANION HANDSFREE, LLC

Current Principal Place of Business:

11900 BISCAYNE BLVD.
809
MIAMI, FL 33181 US

Current Mailing Address:

11900 BISCAYNE BLVD.
809
MIAMI, FL 33181 US

New Principal Place of Business:

11900 BISCAYNE BLVD.
522
MIAMI, FL 33181 US

New Mailing Address:

11900 BISCAYNE BLVD.
522
MIAMI, FL 33181 US

FEI Number: 01-0651808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOMUT, CARLOS
11900 BISCAYNE BLVD.
809
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

CHOMUT, CARLOS
11900 BISCAYNE BLVD.
522
MIAMI, FL 33181 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:

04/23/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHOMUT, MARTINA
Address: 11900 BISCAYNE BLVD., SUITE 809
City-St-Zip: MIAMI, FL 33181 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHOMUT, MARTINA
Address: 11900 BISCAYNE BLVD., SUITE 522
City-St-Zip: MIAMI, FL 33181 US

Title: MGRM () Change (X) Addition
Name: CHOMUT, CARLOS
Address: 11900 BISCAYNE BLVD., SUITE 522
City-St-Zip: MIAMI, FL 33181 US

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: CARLOS CHOMUT

MGMR

04/23/2004

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