2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004990

1. Entity Name VOICE TO TEXT, LLC



Principal Place of Business

1133 BAL HARBOUR BLVD

UNIT 1139 PUNTA GORDA, FL 33950 Mailing Address

1133 BAL HARBOUR BLVD

UNIT 1139

PUNTA GORDA, FL 33950



FILED

Jan 29, 2005 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

01132005No Chg-LLC

4. FEI Number 03-0449624

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (10/03)

6. Name and Address of Current Registered Agent

BLOCK, MARTIN 1310 OSPREY CT. PUNTA GORDA, FL 33950

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.			
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE; Registered Agent agnature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		The second secon
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM BLOCK, MARTIN 1310 OSPREY CT. PUNTA GORDA, FL 33950		000000204073 01/29/05-80054-017 50.00
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
THEE NAME			to the committee of the contract of the contra

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes 1 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-7IP