03/31/2004 10:36 7273457712 SANDRA HIMBEF

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90016 040 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008697

1. Entity Name
NET PHONE BLUE, LLC

24052111

Principal Place of Business
2971 N.E. 185TH STREET, APT 1904
AVENTURA, FL 33180

Mailing Address
2971 N.E. 185TH STREET, APT 1904
AVENTURA, FL 33180

2. Principal Place of Business: 13205 NE 16 AVE
Suite, Apt. #, etc.
City & State: NORTH MIAMI
Zip: 33161 Country: DADE

3. Mailing Address: 13205 NE 16 AVE
Suite, Apt. #, etc.
City & State: NORTH MIAMI
Zip: 33161 Country: DADE

03282004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 86-1058839 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAHAMIN, DAVID
2971 NE 185TH ST., APT 1904
MIAMI, FL 33180

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RAHAMIN, DAVID 2971 NE 185TH ST., #1904 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HIMBER, ROSS 13205 NE 16 AVE N MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] ROSS B. HIMBER 305-981-9410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #