


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000010122  
 1. Entity Name  
 TELECOM ANALYSIS SOFTWARE, LLC



Principal Place of Business      Mailing Address  
 7120 STAFFORD ROAD      7120 STAFFORD ROAD  
 DOVER, FL 33527      DOVER, FL 33527

**DO NOT WRITE IN THIS SPACE**



04232004No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 01-0689658      Not Applicable

5. Certificate of Status Desires       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORNWELL, LARRY C MGR  
 7120 STAFFORD ROAD  
 DOVER, FL 33527

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

U000000144022  
 04/30/04-80114-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNWELL, LARRY C MGR 7120 STAFFORD ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNWELL, JUDY W MGR 7120 STAFFORD ROAD DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALEVRE, PHILIP E MGR 14401 RICH BRANCH ROAD GAITHERSBURG, MD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Larry Cornwell* *April 26 2004*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #