



**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	
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Principal Place of Business 7120 STAFFORD ROAD DOVER, FL 33527	Mailing Address 7120 STAFFORD ROAD DOVER, FL 33527
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DO NOT WRITE IN THIS SPACE


04232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0689658	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

**CORNWELL, LARRY C MGR
7120 STAFFORD ROAD
DOVER, FL 33527**

**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 _____ 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**

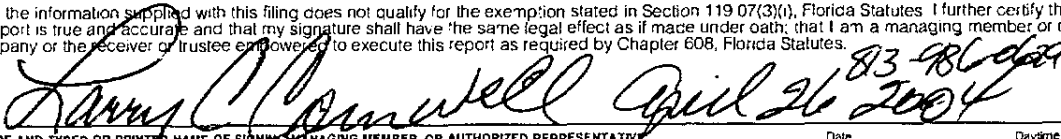
U000000144022
04/30/04-80114-004 50.00

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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IN THIS SPACE**

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:  **83-986-009**
Date: **April 26, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE