


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 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

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04252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 01-0689658 Not Applicable

5. Certificate of Status Desired \$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, 2005**

U00000362827
 05/05/05-80134-009 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* Date: *April 15 2005*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #