

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000013717	
1. Entity Name TELEQUICK SYSTEMS, LLC	



FILED

04 MAR 24 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03032004 Chg-LLC CR2E083 (10/03)

Principal Place of Business C/O DONALD L. BOOTH, ESQ. 9641 GULF BOULEVARD TREASURE ISLAND, FL 33706	Mailing Address C/O DONALD L. BOOTH, ESQ. 9641 GULF BOULEVARD TREASURE ISLAND, FL 33706
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2. Principal Place of Business 8751 Ulmerton Rd Suite, Apt. #, etc.		3. Mailing Address 8751 Ulmerton Rd Legal Dept.	
City & State Largo, FL		City & State Largo, FL	
Zip 33771	Country USA	Zip 33771	Country USA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BOOTH, DONALD L ESQ 9641 GULF BOULEVARD TREASURE ISLAND, FL 33706	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 8751 Ulmerton Rd	
City Largo	FL Zip Code 33771

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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLF, BRYON 9641 GULF BLVD. TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/24/04--01016--024 <input type="checkbox"/> Change <input type="checkbox"/> Addition 300 03096693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELIASSON, ROY 3006 LONGBROOKE WAY CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/24/04--01016--024 <input type="checkbox"/> Change <input type="checkbox"/> Addition 7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REILLY, DAVID 1102 2ND AVE SOUTH TIERRA VERDE, FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____	3/3/04	27-471-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #