

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014365

FILED
Mar 02, 2006
Secretary of State

Entity Name: COMMUNICATIONS XCHANGE, LLC

Current Principal Place of Business:

3550 BUSCHWOOD PARK DRIVE, SUITE 320
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3550 BUSCHWOOD PARK DRIVE, SUITE 320
TAMPA, FL 33618

New Mailing Address:

FEI Number: 02-0615911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, ALLISON
3550 BUSCHWOOD PARK DRIVE, SUITE 320
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

WILKINSON, BRUCE
3550 BUSCHWOOD PARK DRIVE, SUITE 320
TAMPA, FL 33618 US

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.

SIGNATURE: BRUCE W. WILKINSON

03/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, OSCAR J
Address: 3550 BUSCHWOOD PARK DR STE 320
City-St-Zip: TAMPA, FL 336184450

Title: MGR () Delete
Name: VIREN, MICHAEL A
Address: 3550 BUSCHWOOD PARK DR STE 320
City-St-Zip: TAMPA, FL 336184450

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OSCAR J. WILLIAMS

MGR

03/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date