

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024071

FILED
Apr 27, 2004
Secretary of State

Entity Name: EXOTEL LLC

Current Principal Place of Business:

20907 LEEWARD CT
257
AVENTURA, FL 33180 US

Current Mailing Address:

20907 LEEWARD CT
257
AVENTURA, FL 33180 US

New Principal Place of Business:

4672 NW 114 AV
304
MIAMI, FL 33178 US

New Mailing Address:

4672 NW 114 AV
304
MIAMI, FL 33178 US

FEI Number: 42-1551478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAVITO, JUAN M
20907 LEEWARD CT
257
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

TORRES, ORLANDO
4672 NW 114 AV
304
MIAMI, FL 33178 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: ORLANDO TORRES

04/27/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GARAVITO, JUAN M
Address: 20907 LEEWARD CT 257
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: TORRES, ORLANDO
Address: 9920 NW 44TH TERR #306
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARAVITO, JUAN M
Address: 4672 NW 114 AV SUITE 304
City-St-Zip: MIAMI, FL 33178

Title: MGRM (X) Change () Addition
Name: TORRES, ORLANDO
Address: 4672 NW 114 AV SUITE 304
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN M GARAVITO

MGRM

04/27/2004

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