

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003777

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** BEST PRICE COMMUNICATIONS, LLC

**Current Principal Place of Business:**

150 SE 2ND AVENUE,  
1014  
MIAMI, FL 33131

**New Principal Place of Business:**

150 SE 2ND AVENUE  
1014  
MIAMI, FL 33131

**Current Mailing Address:**

7876 W FLAGLER ST  
MIAMI, FL 33144

**New Mailing Address:**

11820 MIRAMAR PKWY SUITE 101  
MIRAMAR, FL 33025

FEI Number: 35-2195257      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PRICE, KATHERINE  
7876 W FLAGLER ST  
MIAMI, FL 33144      US

**Name and Address of New Registered Agent:**

PRICE, KATHERINE  
11820 MIRAMAR PKWY SUITE 101  
MIRAMAR, FL 33025      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: K PRICE

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PRICE, KATHERINE  
Address: 7876 W FLAGLER ST  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PRICE, KATHERINE  
Address: 11820 MIRAMAR PKWY SUITE 101  
City-St-Zip: MIRAMAR, FL 33025

I hereby certify that the information supplied with this filing does not qualify 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: K. PRICE

MGRM

05/01/2008

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