

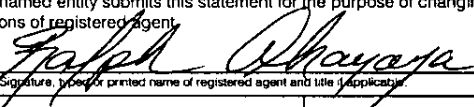



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90274 001 ***500.00

DOCUMENT # L03000007324 1. Entity Name INTERNATIONAL INTERCONNECT COMMUNICATIONS, LLC					
Principal Place of Business 4345 CANARD ROAD MELBOURNE, FL 32934 US			Mailing Address 4345 CANARD ROAD MELBOURNE, FL 32934 US		
2. Principal Place of Business 592 HAWKS BILL IS.		3. Mailing Address 592 HAWKS BILL IS. DR		<div style="font-size: 1.2em; font-weight: bold;">30008590</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05112006 Chg-LLC CR2E083 (11/05)	
City & State SATELLITE BEACH, FL		City & State SATELLITE BEACH, FL		4. FEI Number 20-0101291	
Zip 32937		Country BREVARD		Applied For Not Applicable	
Zip 32937		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAVAYA, RALPH I 4345 CANARD ROAD MELBOURNE, FL 32934				7. Name and Address of New Registered Agent Name RALPH ABRAVAYA Street Address (P.O. Box Number is Not Acceptable) 592 HAWKS BILL IS. DR. City SATELLITE BEACH FL Zip Code 32937	
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 5-1-06 <small>(Signature, typed or printed name of registered agent and title is applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAVAYA, RALPH I 4345 CANARD ROAD MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RALPH I. ABRAVAYA 592 HAWKS BILL IS. DR. SATELLITE BEACH, FL 32937	<input checked="" 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
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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 exemptions contained in Chapter 119, 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: 				Date 5-1-06 Daytime Phone # 321-259-9682	