

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT


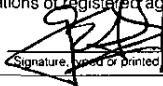
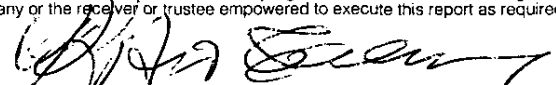
FILED

2004 OCT 15 P 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000011773			
1. Entity Name AMERICANA TELNET PARTNERS, LLC			
Principal Place of Business 540 SE 6TH STREET FORT LAUDERDALE, FL 33301 US		Mailing Address 540 SE 6TH STREET FORT LAUDERDALE, FL 33301 US	
2. Principal Place of Business		3. Mailing Address 7333 MIAMI LAKES DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 577	
City & State		City & State MIAMI LAKES, FL	
Zip	Country	Zip	Country
		33014-6997	USA
4. FEI Number APPLIED FOR 20-1656210		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOUTHERN STAR CONSULTING CORP. 1608 NANETTE COURT LAKE WORTH, FL 33461		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 		CFO S. STAR CONSULTING CORP (954) 274-3919 10/1/04	
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMERICANA TELNET, LLC 540 SE 6TH STREET FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000041301790 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/15/04--01047--004 **\$5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROUSSEONICOLOS, DEMETERE J <input checked="" type="checkbox"/> Delete 5040 BEECHWOOD ROAD DELRAY, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERPETUO R. COLLAZO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 470 EAST 50TH STREET MIAMI, FL 33013-1541
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
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: 		10/1/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	