

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011773

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** AMERICANA TELNET PARTNERS, LLC

**Current Principal Place of Business:**

540 SE 6TH STREET  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

1438 W LANTANA ROAD  
#202  
LANTANA, FL 33462

**New Mailing Address:**

FEI Number: 20-1656210      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:**

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

SOUTHERN STAR CONSULTING CORP.  
1438 W LANTANA ROAD  
#202  
LANTANA, FL 33462 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMITH, GLEN  
Address: 540 SOUTHEAST 6TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGRM ( ) Delete  
Name: D-TEL, INC.,  
Address: 540 SE 6TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33301 US

**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 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: GLEN SMITH

MGR

05/01/2008

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