## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## May 01, 2006 8:00 am Secretary of State DOCUMENT # L03000013833 05-01-2006 90095 001 \*\*\*650.00 BEACHWALK TELECOMMUNICATIONS D, L.L.C. Principal Place of Business Mailing Address 20006509 2033 MAIN STREET 2033 MAIN STREET SUITE 600 SUITE 600 SARASOTA, FL 34237 SARASOTA, FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-0384492 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYERS, TROY H JR. Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 City Zip Code FL 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE MGRM ☐ Delete TITLE ■ Addition DIGITAL COMMUNITY NETWORKS, INC. NAME NAME DIGITAL COMMUNITY NETWORKS, INC. STREET ADDRESS 4050 20TH ST. W. STREET ADDRESS 1718 MAIN STREET, SUITE 300 CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP SARASOTA, FL 34236 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employment to execute this report as required by Chapter 608, Florida Statutes.

DIGITAL COMMUNITY NETWORKS, INC. Robert M. Miscavage, President

SIGNATURE AND TYPED OF PRITED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/06

Date

941.366.1805

Daytime Phone #

**FILED**