

**2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000014664

**Entity Name:** INTERPERSONAL COMMUNICATIONS, LLC**FILED**  
**May 26, 2005**  
**Secretary of State****Current Principal Place of Business:**173 SE OSPREY RD  
PORT ST LUCIE, FL 34984**New Principal Place of Business:**173 SE OSPREY RIDGE  
PORT ST LUCIE, FL 34984**Current Mailing Address:**173 SE OSPREY RD  
PORT ST LUCIE, FL 34984**New Mailing Address:**173 SE OSPREY RIDGE  
PORT ST LUCIE, FL 34984

FEI Number: 37-1465580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**DILEO, PASQUEL  
173 SE OSPREY RD  
PORT ST LUCIE, FL 34984 US**Name and Address of New Registered Agent:**DILEO, PASQUALE J  
173 SE OSPREY RIDGE  
PORT ST LUCIE, FL 34984 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: PASQUALE J DILEO

05/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**Title: MGR ( ) Delete  
Name: DILEO, PASQUEL  
Address: 173 SE OSPREY DR  
City-St-Zip: PORT ST LUCIE, FL 34984**ADDITIONS/CHANGES:**Title: MGR (X) Change ( ) Addition  
Name: DILEO, PASQUALE J  
Address: 173 SE OSPREY RIDGE  
City-St-Zip: PORT ST LUCIE, FL 34984

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 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: PASQUALE J DILEO

MGR

05/26/2005

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