


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015797 1. Entity Name RGI DATACOM, L.L.C.	
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Principal Place of Business 974 EXPLORER COVE STE.112 ALTAMONTE SPRINGS, FL 32701	Mailing Address 974 EXPLORER COVE STE.112 ALTAMONTE SPRINGS, FL 32701
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DO NOT WRITE IN THIS SPACE

04202005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0828303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEATHERFORD, WILLIAM P JR
1150 LOUISIANA AVENUE STE. 4
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

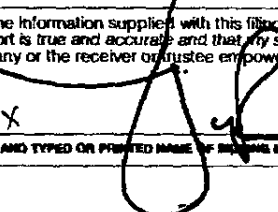
**Filing Fee is \$50.00
Due by May 1, 2005**

000000329948
04/25/05-80138-017 50.00

MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSI, ANTHONY W 974 EXPLORER COVE STE.112 ALTAMONTE SPRINGS, FL 32701
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IN THIS SPACE**

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:  **4-22-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #