## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 17, 2005 08:00 AM Secretary of State

|  | <u> </u>   |  |
|--|--|--|
| DOCUMENT # L03000020734  1. Entity Name JC TELECOMMUNICATIONS, L.L.C.              |  |  |
| Principal Place of Business<br>2033 MAIN STREET<br>SUITE 600<br>SARASOTA, FL 34237 | Mailing Address<br>2033 MAIN STREET<br>SUITE 600<br>SARASOTA, FL 34237 |  |



## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESS

02152005 No Chg-LLC CR2E083 (10/03)

| 4. FEI Number<br>65-1192249      | Applied For Not Applicable |
|----------------------------------|----------------------------|
| 5. Certificate of Status Desired | \$5.00 Additional          |

6. Name and Address of Current Registered Agent

MYERS, TROY H JR. 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237

## DO NOT WRITE IN THIS SPACE

| SIGNATURE.  | Signature, types or printed name of registered agent and fille if applicable   | (NOTE Registered Agent signature required when reinstaling)  | DATE   |  |
|---|--|--|--|--|
|   | lling Fee is \$50.00<br>ue by May 1, 2005  | ,  |  |  |
| 9.  | _ MANAGING MEMBERS/MANAGERS  | The second secon | and the second section of the sectio |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGR<br>MYERS, TROY H JR.<br>2033 MAIN STREET, SUITE 600<br>SARASOTA, FL 34237  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  |  |
| TITLE   |  |  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | DO   | NOT WRITE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | IN   | THIS SPACE   |  |
| TITLE<br>NAME   |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | s the graduation of the state   |  | <u> </u>   |  |
| TITLE<br>NAME<br>STREET ADDRESS.<br>CITY-ST-ZIP   | The sales to the financial control of the sales to the sa |  |  |  |
| 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. |  |  |  |  |

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.