

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022532

Entity Name: ABSOLUTE COMMUNICATIONS, LLC

FILED
May 03, 2006
Secretary of State

Current Principal Place of Business:

2203 NORTH LOIS AVENUE
SUITE 927
TAMPA, FL 33607

New Principal Place of Business:

4027 TAMPA RD
SUITE 3000
OLDSMAR, FL 34677

Current Mailing Address:

12157 WEST LINEBAUGH AVE.
#139
TAMPA, FL 33626

New Mailing Address:

PO BOX 12218
OLDSMAR, FL 34677

FEI Number: 80-0072468 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:

RAINS, JOHN H III
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: BODE, WESLEY
Address: 12157 WEST LINEBAUGH AVENUE, #139
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BODE, WESLEY
Address: 4027 TAMPA RD
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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: WESLEY BODE

MM

05/03/2006

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