

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90016 026 \*\*\*\*50.00

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MOORE CR2E083 (11/03)

<b>DOCUMENT # L03000023605</b> 1. Entity Name <b>TRI GEORGIA TELECOM LLC</b>					
Principal Place of Business <b>4360 NORTHLAKE BLVD., SUITE 203 PALM BEACH GARDENS FL 33410</b>			Mailing Address <b>4360 NORTHLAKE BLVD., SUITE 203 PALM BEACH GARDENS FL 33410</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>03-0521603</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CASABLANCA, JULIO 4360 NORTHLAKE BLVD., SUITE 203 PALM BEACH GARDENS FL 33410</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	MGRM RUDDY, TIM	671 NW 101ST TERR	PLANTATION FL 33324		
	MGRM LUCZKOWIEC, ARTHUR	120 DAY LILY DE	JUPITER FL 33458		
	MGRM CASABLANCA, JULIO	3914 NW 21ST CT	COCONUT CREEK FL 33066		
<b>10. ADDITIONS/CHANGES</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>ARTHUR LUCZKOWIEC</u> <u>06/28/04</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					