

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90040 003 ****50.00

DOCUMENT # L03000023605	
1. Entity Name TRI GEORGIA TELECOM LLC	
Principal Place of Business 4360 NORTHLAKE BLVD., SUITE 203 PALM BEACH GARDENS, FL 33410	Mailing Address 4360 NORTHLAKE BLVD., SUITE 203 PALM BEACH GARDENS, FL 33410
2. Principal Place of Business 4966 BONSAI CIRCLE	3. Mailing Address 4966 BONSAI CIRCLE
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL
Zip 33418	Country US

20050684

(L03000023605C)

04082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0521603	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CASABLANCA, JULIO 4360 NORTHLAKE BLVD., SUITE 203 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name: ARTHUR LUCZKOWIEC Street Address (P.O. Box Number is Not Acceptable) 4966 BONSAI CIRCLE, SUITE 200 City PALM BEACH GARDENS FL Zip Code 33418
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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


Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/05

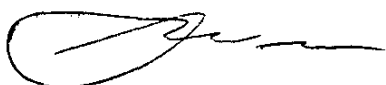
**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RUDDY, TIM 671 NW 101ST TERR PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LUCZKOWIEC, ARTHUR 120 DAY LILY DE JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CASABLANCA, JULIO 3914 NW 21ST CT COCONUT CREEK, FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	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.

SIGNATURE:



04/29/05

561-627-4737