2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L03000026923

Entity Name: HOME TOWN TELEPHONE, LLC

Current Principal Place of Business:

1525 NW 167TH STREET, SUITE 200
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1525 NW 167TH STREET, SUITE 200
MIAMI, FL 33169

New Mailing Address:

FEI Number: 11-3698769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOSHAY, MICHAEL
1525 NW 167TH STREET, SUITE 200
MIAMI, FL 33169 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	MILLSTONE, JOSEPH	
Address:	1525 NW 167TH STREET, SUITE 200	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	( ) Delete
Name:	PETRONE, ANTHONY	
Address:	1525 NW 167TH STREET, SUITE 200	
City-St-Zip:	MIAMI, FL 33169	
Title:	MGRM	( ) Delete
Name:	NOSHAY, MICHAEL	
Address:	1525 NW 167TH STREET, SUITE 200	
City-St-Zip:	MIAMI, FL 33169	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY PETRONE MGR 04/27/2004

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