

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L03000026923 1. Entity Name HOME TOWN TELEPHONE, LLC |  |
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|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business 1100 163RD DR SUITE A MIAMI, FL 33169 | Mailing Address 1100 163RD DR SUITE A MIAMI, FL 33169 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01232007 No Chg-LLC CR2E083 (11/05)

| | |
|----------------------------------------------------------------------|---------------------------------------|
| 4. FEI Number 11-3698769 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

PETRONE, ANTHONY
 1100 163RD DR
 SUITE A
 MIAMI, FL 33169

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-----------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PETRONE, ANTHONY 1100 163RD DR, SUITE A MIAMI, FL 33169 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 02/15/07-80009-012 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anthony Petrone Date _____ Daytime Phone # _____

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