

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90293 041 ****50.00

DOCUMENT # L03000028715

1. Entity Name
TELEBAG, LLC



Principal Place of Business
**9784 COVENT GARDEN DRIVE
ORLANDO, FL 32837**

Mailing Address
**9784 COVENT GARDEN DRIVE
ORLANDO, FL 32837**

DO NOT WRITE IN THIS SPACE



02162005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
33-1065780

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIETRICH, GREGORY B
9784 COVENT GARDEN DRIVE
ORLANDO, FL 32837**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---|
| TITLE | MGR |
| NAME | DIETRICH, GREGORY B |
| STREET ADDRESS | 9784 COVENT GARDEN DRIVE P.O. Box 621530 |
| CITY-ST-ZIP | ORLANDO, FL 32837 Oviedo, FL 32762 |

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| STREET ADDRESS | |
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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: _____

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

Date

Daytime Phone #

3/14/05 34-317-3177