

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030444

Entity Name: AMERICAN TELEMETRY, LLC

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

500 NORTH WESTSHORE BLVD  
SUITE 405  
TAMPA, FL 33609

## New Principal Place of Business:

4010 WEST STREET  
#201  
TAMPA, FL 33609

## Current Mailing Address:

P.O. BOX 24282  
TAMPA, FL 33623

## New Mailing Address:

FEI Number: 32-0089520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AYLWARD, ROBERT E  
600 S. MAGNOLIA AVENUE, SUITE 100  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

AYLWARD, ROBERT E  
600 S. MAGNOLIA AVENUE  
SUITE 125  
TAMPA, FL 33606 US

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:

04/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete  
Name: BLANCO, RAFAEL  
Address: POB 22937  
City-St-Zip: TAMPA, FL 33622

Title: D ( ) Delete  
Name: CANEDO, MARIO  
Address: 4201 BAYSHORE BLVD SUITE 1101  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: CISNEROS, FRANK  
Address: 4918 LYFORD CAY ROAD  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: INGA, JORGE J  
Address: 6701 HANLEY ROAD  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: LEON, GUILLERMO  
Address: 18605 AVENUE CAPRI  
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete  
Name: MENEDEZ, LUIS  
Address: 2513 NORTH DUNDEE ST  
City-St-Zip: TAMPA, FL 33629

## ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition  
Name: BLANCO, RAFAEL  
Address: 32 BAHAMA CIRCLE  
City-St-Zip: TAMPA, FL 33606

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

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

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 exemption stated in Chapter 119, 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: FRANK G. CISNEROS

D

04/21/2009

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