


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000038901

1. Entity Name
SANGOMA LLC



Principal Place of Business
**820 SCENIC VIEW CIR
 MINNEOLA, FL 34715**

Mailing Address
**820 SCENIC VIEW CIR
 MINNEOLA, FL 34715**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2434805 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MCELVIN, CHONTEAU
 820 SCENIC VIEW CIR
 CLERMONT, FL 34711**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MCELVIN, CHONTEAU 820 SCENIC VIEW CIR MINNEOLA, FL 34715 |
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 05/10/06-80085-018 50.00

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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: *Christopher MCELVIN* 4/24/06 407 342-3912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #