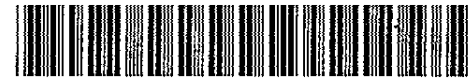


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000041063 1. Entity Name LEXITEL COMMUNICATIONS, LLC					
Principal Place of Business 5849 OKEECHOBEE BLVD. STE. 201 WEST PALM BEACH FL 33417			Mailing Address 5849 OKEECHOBEE BLVD. STE. 201 WEST PALM BEACH FL 33417		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0363236	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GERSON, MARSHA 5849 OKEECHOBEE BLVD. STE. 201 WEST PALM BEACH FL 33417				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERSON, MARSHA 5849 OKEECHOBEE BLVD STE 201 WEST PALM BEACH FL 33417	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERSON, MARSHA 5849 OKEECHOBEE BLVD STE 201 WEST PALM BEACH FL 33417	☐ Delete			
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1st MOORE CR2E083 (10/05)

4. FEI Number **20-0363236** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSON, MARSHA
5849 OKEECHOBEE BLVD. STE. 201
WEST PALM BEACH FL 33417**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERSON, MARSHA 5849 OKEECHOBEE BLVD STE 201 WEST PALM BEACH FL 33417	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERSON, MARSHA 5849 OKEECHOBEE BLVD STE 201 WEST PALM BEACH FL 33417	☐ Change ☐ Add	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Marsha Gerson* **Marsha Gerson** **4/26/06 561-471-1867**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #