2005 LIMITED LIABILITY COMPANY

FILED Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90033 048 ****50.00

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ANNUA	2	ecreta		
DOCUMENT # L040000 1. Entity Name UNIVERSAL TELEPHONE COMP			04-27-2005	
Principal Place of Business	Mailing Address		1	2 3 1
185 S CONMGRESS AVE. Delray Beach, Fl 33445	185 S CONMGRESS AVE. Delray Beach, Fl. 33445			
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03112005	Chg-LLC

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2. Principal P	2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		0311200	6 Chg-LLC	CR2E08	33 (10/03)			
City & State			City & State	City & State		4. FEI Num	DD9060	28		plied For t Applicable	
Zip		Country	Zip	Zip Country			te of Status Desired	п ;	\$5.00 Add		
						7. Name a	nd Address of New,	Registered A	gent		
					Name						
KHALIL, MOEEN											
185 S CON					Street Address (P.O. Box Number is Not Acceptable)						
DELRAY	BEACH, FI	L 33445					******				
					ŀ						
		•			City			FL	Zip Code		
8. The above	named entit	y submits this statement	for the purpose of changing its	registere	ed office or reg	gistered agent, or t	ooth, in the State of Fl	orida. I am fa	amiliar with,	and accept	
the obligati	ions of regist	tered agent.	1112						/		
SIGNATURE .	Y /	///m///	"Un"					V04/	125,	105	
BIGITATIONE	Signature, typed	or printed name of registered age	nt and title if applicable. (NOT	TE: Registere	d Agent signature re	equired when reinstating)		DATE			
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9.		MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS	/CHANGES			
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NAME	KHALIL, N	MOFEN	□ péicis	NAM	I				C Grange	L Addition	
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CITY-ST-ZIP		BEACH, FL 33445		1	-ST-ZIP						
	DELIVAT	DEACH, FL 33443		- CIII	-31-21						
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STREET ADDRESS	i				ET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
11. I hereby o	ertify that the	e information supplied w	ith this filing does not qualify fo	or the exe	motion stated	in Section 119 070	3)(i) Florida Statutes	I further certi	fy that the in	formation	

I heleby certify that the information supplied with this taling does not qualify for the exemption stated in Section 119.0/(3)(f). Florida Statutes. I further certify that the informatic 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, MANAGER, OR AUTHORIZED REPRESENTATIVE