


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-28-2005 90293 020 ****55.00

DOCUMENT # L04000023116	
1. Entity Name BOB HAYES TELEPHONE TECHNICAL SERVICE, LLC	

Principal Place of Business 2618 NORTH DR. M L K, JR. DR. PENSACOLA FL 32503 US	Mailing Address 601 EAST FISHER STREET PENSACOLA FL 32503 US
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2. Principal Place of Business 2618 N. Dr M.L.K Jr Dr	3. Mailing Address 2618 N. Dr M.L.K Jr Dr
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A

1st MOORE CR2E083 (10/04)

City & State Pensacola FL	City & State Pensacola FL
Zip 32503	Country U.S.
Zip 32503	Country U.S.

4. FEI Number 27-0118910	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BOB, HAYES JR. 2618 NORTH DR. M L K, JR. DR. PENSACOLA FL 32503	
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7. Name and Address of New Registered Agent	
Name Robert L. Hayes Jr	
Street Address (P.O. Box Number is Not Acceptable) 2618 N. Dr M.L.K Jr Dr	
City Pensacola	FL Zip Code 32503

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 Robert L Hayes Jr	DATE 03-23-2005

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME HAYES, BOB JR.	
STREET ADDRESS 601 EAST FISHER STREET	
CITY-ST-ZIP PENSACOLA FL 32503	
TITLE MGRM	<input type="checkbox"/> Delete
NAME HAYES, DORIS	
STREET ADDRESS 601 EAST FISHER STREET	
CITY-ST-ZIP PENSACOLA FL 32503	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE Owner	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Robert L. Hayes Jr	
STREET ADDRESS 2618 N Dr M.L.K Jr Dr	
CITY-ST-ZIP Pensacola FL	
TITLE Wife	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Doris L Hayes	
STREET ADDRESS 2618 N Dr M.L.K Jr Dr	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Robert L Hayes Jr	DATE 03-23-2005	DAYTIME PHONE # 850 4359285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		