## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 23, 2005 8:00 am Secretary of State **DOCUMENT # L04000028835** 03-23-2005 90244 014 \*\*\*\*55.00 SUMMERVILLE TELECOMMUNICATIONS, LLC Principal Place of Business Mailing Address 14600 S.W. 136TH STREET 14600 S.W. 136TH STREET **~~~~~~~** MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212005 Cha-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number 20-1031285 Not Applicable Ziο Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, ELLIOTT 111 SW 3RD STREET, 6TH FLOOR Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33130 City 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... - 接近 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM Addition TITLE ☐ Delete TITLE MGC/MIL, LLC NAME NAME STREET ADDRESS 14600 SW 136 Street STREET ADDRESS CITY -ST-ZIP Miami Florida ββ|186 CITY-ST-7IP TITLE Delete TITLE MGRM Change X Addition NAME MRC/ASIA, LLC STREET ADDRESS STREET ADDRESS 14600 SW 136 Street CITY-ST-ZIF CITY-ST-ZIE Miami Florida 33186 TITLE ☐ Delete TITLE ☐ Change X Addition MGRM NAME NAME PGC, LLC STREET ADDRESS STREET ADDRESS 14600 SW 136 Street CITY-ST-ZIP CITY-ST-ZIP Miami Florida 33186 TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS 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. 3/17/05 305-358-014

FILED

Daytime Phone #

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: