

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032851

FILED  
Jun 01, 2005  
Secretary of State

Entity Name: FLORIDA TELECOM SOLUTIONS, LLC

**Current Principal Place of Business:**

3222 W HARBOR VIEW AVE  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

3222 W HARBOR VIEW AVE  
TAMPA, FL 33611

**New Mailing Address:**

P.O. BOX 172055  
TAMPA, FL 33672

FEI Number: 20-1087046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HOLDBROOKS, PHILIP L  
3222 W HARBOR VIEW AVE  
TAMPA, FL 33611      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: HOLDBROOKS, PHILIP L  
Address: 3222 W HARBOR VIEW AVE  
City-St-Zip: TAMPA, FL 33611 US

Title: MGR      ( ) Delete  
Name: SIVARD, FRANCIS J  
Address: 904 HARBOUR BAY DRIVE  
City-St-Zip: TAMPA, FL 33602 US

Title: MGR      ( ) Delete  
Name: HAGER, MARLEN J  
Address: 615 POINSETTIA AVENUE  
City-St-Zip: ELLENTON, FL 34222 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANCIS J. SIVARD

MGR

06/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date