## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000040953

1. Entity Name

ADX COMMUNICATIONS OF PALAFOX, LLC

Principal Place of Business

7251 PLANTATION ROAD PENSACOLA, FL 32504

Mailing Address

7251 PLANTATION ROAD PENSACOLA, FL 32504

## **FILED** Jan 27, 2006 08:00 AM Secretary of State



01182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-0122453 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEGGS & LANE, RLLP 501 COMMENDENCIA STREET PENSACOLA, FL 32502

## DO NOT WRITE IN THIS SPACE

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				
	ээрчашке, турга ох риткев пата в теристева аделі висі ще и аррисаріа.	(NO LE Hegistered Ag	ent signature required when reinstating)	DAYE
Filing Fee is \$50.00 Due by May 1, 2006				
9,	MANAGING MEMBERS/MANAGERS			**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOXENG, DAVID 7257 PLANTATION ROAD PENSACOLA, FL 32504			
DILE			•	s de la companya de
NAME STREET ADDRESS CITY - ST ZIP		1		H00000405990 02/07/06-80067-001 110.00 °
TITLE NAME STREET ADDRESS CITY-SI-UP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	-	IN 7	THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 path; 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, OR AUTHORIZED REPRESENTATIVE

Dayime Phone #