## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 11, 2005 8:00 am Secretary of State

DOCUMENT # L04000042226  1. Entity Name SILVER STAR COMMUNICATIONS, LLC							05-11-2005 9	0029 00	)6 <b>****</b> 50.	.00	
Principal Place of Business 1100 A E. TENNESSEE STREET TALLAHASSEE, FL 32308			Mailing Address P.O. BOX 7231 TALLAHASSEE, FL 32314			118911811		nam: Blold			
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Chg-LLC	CR2E	083 (10/03)		
City & State			City & State	City & State			ber		<u> </u>	oplied For ot Applicable	
Zip	Country		Zip				5. Certificate of Status Desired Spee Required \$5.00 Additional Fee Required				
<del>-</del>	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name						
WILLIAMS LEE, KESHYA 1100 A E. TENNESSEE STREET							(P.O. Box Number is Not Acceptable)				
TALLAHAS								<del></del>			
				City		<del> </del>		FL	Zip Code	e	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
		•			o the contract of	Man and Lander B	T		<del></del>		
Filing Fee is \$50.00 Due by May 1, 2005							Make check payable to Florida Department of State				
9.		MANAGING MEMBI	ERS/MANAGERS	RS/MANAGERS 10.			ADDITIONS/	CHANGES	S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX	IN ROBERT E III ( 7231 ASSEE, FL 32314	☐ Delete		1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAM STRE	E				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
11. I hereby of indicated	certify that the	e information supplied with	h this filing does not qualify for d that my signature shall have	r the exer	mption stated in e legal effect as	Section 119.07(3 if made under oa	l)(i), Florida Statutes. I th; that I am a manag	further cer	rtify that the in er or manage	formation or of the	