2006 LIMITED LIABILITY COMPANY , ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000050124

1. Entity Name
XL-TEL LLC

FILED Aug 10, 2006 08:00 A Secretary of State

Principal Place of Business

1001 NW 163RD DRIVE MIAMI, FL 33169 Mailing Address

1001 NW 163RD DRIVE MIAMI, FL 33169



08092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-3910625 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ASAD, ISSA 1001 NW 163RD DRIVE MIAMI, FL 33169

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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
Filing Fee Is \$50.00 Due by September 6, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME	MGR ASAD, ISSA		
STREET ADDRESS CITY-ST-ZIP	1001 NW 163RD DRIVE MIAMI, FL 33169		U00000574002 08/10/06-80002-007 55.00
TITLE NAME			
STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			
STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME	,	IN 7	THIS SPACE
STREET ADDRESS City-St-Zip			:
TITLE NAME			
STREET ADDRESS CITY-ST-ZIP			
TITLE			

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 earne legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trasper empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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

S/ 8/06

Daytime Phor