2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# L04000050577

Entity Name: COMMUNICATIONS PLUS LLC

Current Principal Place of Business:

6574 N STATE ROAD 7
#200
COCONUT CREEK, FL 33067 US

New Principal Place of Business:

Current Mailing Address:

6574 N STATE ROAD 7
#200
COCONUT CREEK, FL 33067 US

New Mailing Address:

FEI Number: 20-2177586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOUGHREY, FRANCIS X
4751 NW 58 TERRACE
CORAL SPRINGS, FL 33067 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: MGRM ( ) Delete
Name: LOUGHREY, FRANCIS X SR
Address: 4751 NW 58 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MGRM ( ) Delete
Name: LOUGHREY, FRANCIS X JR
Address: 8855 NW 28 DRIVE #2
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM ( ) Delete
Name: LOUGHREY, KATHLEEN S
Address: 4751 NW 58 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067 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: KATHLEEN S LOUGHREY MGRM 04/01/2005

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