


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057012

1. Entity Name
MASTIQUE COMMUNICATIONS, LLC



Principal Place of Business 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912 US	Mailing Address 9001 DANIELS PARKWAY SUITE 200 FORT MYERS, FL 33912 US
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1646307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA
 201 N. FRANKLIN STREET
 SUITE 2100
 TAMPA, FL 33602**

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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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REISMAN, JOHN 9001 DANIELS PARKWAY, SUITE 200 FORT MYERS, FL 33912
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 03/03/06-40034-008 50.00

11. I hereby certify that the information supplied with this filing 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 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:  **DAVID KNIZER** **2/6/06** **239-481-5060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #