


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90156 006 ***138.75

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**

50004695

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1646307

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name **STEPHEN J. MITCHELL**

Street Address (P.O. Box Number is Not Acceptable)
201 N FRANKLIN STREET, SUITE 2100

City **TAMPA** FL Zip Code **33602**

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  **Stephen J. Mitchell** DATE **4/2/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	REISMAN, JOHN	9001 DANIELS PARKWAY, SUITE 200	FORT MYERS, FL 33912	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **ELAINE M. STULIZ** DATE **4/4/08** DAYTIME PHONE # **239.481.5040 x 206**

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