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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED

2005 JUN 30 A 11:53
SECRETARY OF STATE
FLORIDA

DOCUMENT # L04000075099

1. Entity Name
SUNTALK, L.L.C.

Principal Place of Business	Mailing Address
270 N. CONVENT STREET BOURBONNAIS, IL 60914	P.O. BOX 410 BOURBONNAIS, IL 60914

01102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 76-1709318 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of new Registered Agent
MORTELL, EDWIN E III ESQ PETERSON BERNARD 301 EAST OCEAN BOULEVARD, SUITE 200 STUART, FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REPEATER NETWORK SPECTRUM AQ., INC. 270 N. CONVENT STREET BOURBONNAIS, IL 60914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FITZGERALD, HARRY P.O. BOX 99 BOURBONNAIS, IL 60914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Fitzgerald, Harry P.O. Box 99, 270 N. Convent St. Bourbonnais, IL 60914	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WEISMAN, DAVID E 301 NORTH FAIRFAX STREET, SUITE 101 ALEXANDRIA, VA 22314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 2-1-05 815-937-6773
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #