2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

04032007No Chg-LLC CR2E083 (11/05)

4. FEI Number
16-1709318

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORTELL, EDWIN E III ESQ
PETERSON BERNARD
301 EAST OCEAN BOULEVARD, SUITE 200
STUART, FL 34994

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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REPEATER NETWORK SPECTRUM AQ., INC.
STREET ADDRESS	270 N. CONVENT STREET
CITY-ST-ZIP	BOURBONNAIS, IL 60914
TITLE	MGRM
NAME	FITZGERALD, HARRY
STREET ADDRESS	270 N. CONVENT STREET
CITY-ST-ZIP	BOURBONNAIS, IL 60914
TITLE	MGRM
NAME	WEISMAN, DAVID E
STREET ADDRESS	301 NORTH FAIRFAX STREET, SUITE 101
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000709816
04/25/07-80017-018 50.00

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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: _____ 4-11-07 815-931.1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #