

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90019 047 ****50.00

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04202005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000077522	
1. Entity Name WALKABOUT COMMUNICATIONS COMPANY, LLC	



Principal Place of Business 2500 QUANTUM LAKES DRIVE, #101 BOYNTON BEACH, FL 33426	Mailing Address 2500 QUANTUM LAKES DRIVE, #101 BOYNTON BEACH, FL 33426
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7 Corporate Plaza Suite, Apt. #, etc.
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City & State Newport Beach, CA	4. FEI Number 03-0550332
Zip 92660	Country USA

6. Name and Address of Current Registered Agent NORRIS, DAVID B. 712 U.S. HIGHWAY ONE, STE. 400 NORTH PALM BEACH, FL	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable
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7. Name and Address of New Registered Agent	
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

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:	4-20-05	(949) 719-7212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

Igor M. OZENICOFF, Member