2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L04000077522

Entity Name: WALKABOUT COMMUNICATIONS COMPANY, LLC

Current Principal Place of Business:

2500 QUANTUM LAKES DRIVE, #101
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

7 CORPORATE PLAZA
NEWPORT BEACH, CA 92660

New Mailing Address:

FEI Number: 03-0550332 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLENICOFF, IGOR M
1062 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	QUANTUM LIMITED PART, NERS, LTD.	
Address:	2500 QUANTUM LAKES DR, STE 101	
City-St-Zip:	BOYNTON BEACH, FL 33426	
Title:	MGRM	( ) Delete
Name:	OLENICOFF, IGOR M	
Address:	7 CORPORATE PLAZA	
City-St-Zip:	NEWPORT BEACH, CA 92660	
Title:	MGRM	( ) Delete
Name:	OLENICOFF, NATALIA	
Address:	7 CORPORATE PLAZA	
City-St-Zip:	NEWPORT BEACH, CA 92660	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IGOR M. OLENICOFF MGRM 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date