

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077528

FILED
May 01, 2006
Secretary of State

Entity Name: TURNKEY TELECOMMUNICATION SOLUTIONS, LLC

Current Principal Place of Business:

4128 20TH STREET WEST
BRADENTON, FL 34205

New Principal Place of Business:

2311A WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243

Current Mailing Address:

4128 20TH STREET WEST
BRADENTON, FL 34205

New Mailing Address:

2311A WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243

FEI Number: 20-1563092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MACDONALD, CHRISTIE S
3308 63RD STREET EAST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

MACDONALD, CHRISTIE S
6110 9TH AVENUE CIRCLE NE
BRADENTON, FL 34212 US

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: CHRISTIE S. MACDONALD

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MACDONALD, CHRISTIE S
Address: 3308 63RD STREET EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MACDONALD, CHRISTIE S
Address: 6110 9TH AVENUE CIRCLE NE
City-St-Zip: BRADENTON, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTIE S. MACDONALD

MM

05/01/2006

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