

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 APR 21 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000081467

1. Entity Name  
TELE MAN, LLC



Principal Place of Business  
BISCAYNE BUSINESS CENTER, SUITE 500  
12550 BISCAYNE BLVD.  
MIAMI, FL 33181

Mailing Address  
BISCAYNE BUSINESS CENTER, SUITE 500  
12550 BISCAYNE BLVD.  
MIAMI, FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1940143

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

TELLEZ, MIGUEL  
BISCAYNE BUSINESS CENTER  
12550 BISCAYNE BLVD., SUITE 500  
MIAMI, FL 33181

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
MGRM  
TELLEZ, MIGUEL  
12550 BISCAYNE BLVD., SUITE 500  
MIAMI, FL 33181 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
900051521873  
04/21/05--01035--001 \*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GORLING, BERTIL  
12550 BISCAYNE BLVD., SUITE 500  
MIAMI, FL 33181 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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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:

*Bertil Gorling* PRESIDENT

14 APRIL 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

BERTIL GORLING

+46 31 7485460