2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 14, 2007 8:00 am Secretary of State 02-14-2007 90218 018 ****50.00

| 1. Entity Nam | MENT # L04000088 T COMMUNICATIONS CO | | | | | 02-14-2007 9 | 0218 016 | 3 30. | 00 |
|---|--|---|---|--|------------------------|---------------------------------------|---------------------------------------|---------------------------|------------------------------|
| Principal Place 2043 WOODI WEST MELBO | | Mailing Address 13017-NEW PARKLAND DRIVE HERNDON, VA. 20171 US- | | |) restrec en | 60015 | 17 DECEM (OTE) (O | IER AID GIVE LE | CZ (A (CZ) |
| 2. Principal P | face of Business - No P.O. Box # | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | 2043 WOUDFIELD CIRCLE Suite, Apt. 8, etc. | | | 119,000,000 | Shirt ditter Shirt Shirt Shirt | 1 99 101 1 9 00 19 | HAD HING STATE IN | A-SI LEI LEAN |
| | | | | 02122007 | Chg-LLC | CR2E0 | 83 (12/06) | | |
| City & State | 9 | City & State WEST MELBO | UKNE. | FL | 4. FEI Numbe NOT AP | PLICABLE | |) | plied For Applicable |
| Zip | Country | Zip 32904 | Country | 'S | 5. Certificate | of Status Desired | | \$5.00 Add Fee Require | |
| | 6. Name and Address of Current | | | | 7. Name and | Address of New R | | | |
| RUSINESS | FILINGS INCORPORATED | | Nam | 9 | | | | | |
| | ERNORS SQUARE BLVD | | Stree | 1 Address (| P.O. Box Numb | er is Not Acceptable |) | | |
| | SSEE, FL 32301-2960 | | | | | | - | | |
| | \$ - | | City | -, | | · · · · · · · · · · · · · · · · · · · | FL | Zip Cod | 9 |
| | named entity submits this statement for ions of registered agent. | r the purpose of changing its r | egistered office | or register | ed agent, or bot | h, in the State of Fic | orida, lami | familiar with, | and accept |
| SIGNATURE . | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| | Signature, typed or printed name of registered agent a | und tale il applicable. (NOTE: | Registered Agent se | lutarium undrinado | when reinstating) | | DATE | | |
| · · · · · · | | T | | | | | | | |
| Fi | ling Fee is \$50.00 be by May 1, 2007 | | | | | | e check p Departm | ayable to ent of State | • |
| FI Oc | way 1, 2007 MANAGING MEMBE | | 10. | | | | Departm | ent of State | |
| FI DO | De by May 1, 2007 MANAGING MEMBE | RS/MANAGERS | TITLE | | | Florida | Departm | ent of State | ● Addition |
| FI Oc | way 1, 2007 MANAGING MEMBE | | TITLE NAME STREET ADDRE | ss | | Florida | Departm | ent of State | |
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| 9. TITLE MAME STREET ADDRESS CITY-ST-ZIP | P HARRIOTT, CALVIN 2043 WOODFIELD CIRCLE WEST MELBOURNE, FL 32904 | | TITLE NAME STREET ADDRE | 55 | | Florida | Departm | ent of State | |
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I nereby certify that the information supplied with this fiting 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 out; that I am a managing member or manager of the limited liability company or the receiver or inustee empowered to execute this report as required by Chapter 608, Florida Statutes.

2-/2-2007
NO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (321) 768-7728 **SIGNATURE:**