


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90014 030 \*\*\*\*50.00

<b>DOCUMENT # L04000090606</b> 1. Entity Name <b>24/7 COMMUNICATION SERVICES, LLC</b>					
Principal Place of Business <b>14001 63RD WAY NORTH CLEARWATER FL 32601</b>			Mailing Address <b>14001 63RD WAY NORTH CLEARWATER FL 32601</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-1469986</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WHITE, RONALD C 14001 63RD WAY NORTH CLEARWATER FL 32601</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
<b>9. MANAGING MEMBERS / MANAGERS</b>					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>	
	MGRM	NICHOLSON, JAMES L	14001 63RD WAY NORTH CLEARWATER FL 32601		
	MGRM	ROIX, SCOTT	14001 63RD WAY NORTH CLEARWATER FL 32601		
	MGRM	LUTICH, GEORGE	14001 63RD WAY NORTH CLEARWATER FL 32601		
	MGRM	OLSEN, ERIK	14001 63RD WAY NORTH CLEARWATER FL 32601		
<b>10. ADDITIONS / CHANGES</b>					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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.					
<b>SIGNATURE:</b> _____ <b>02.23.05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					