

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002065

FILED
Jan 08, 2006
Secretary of State

Entity Name: BE THERE VIDEOCONFERENCE CENTERS, LLC

Current Principal Place of Business:

1907 IVAN DR.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1907 IVAN DR.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 74-3137097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, LARRY A
1907 IVAN DR.
TALLAHASSEE, FL 32303 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: MGR () Delete
Name: WHITE, LARRY A
Address: 1907 IVAN DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITE, LARRY A MGR
Address: 1907 IVAN DR.
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGR () Change (X) Addition
Name: WHITE, MERRILEE M MGR
Address: 1907 IVAN DR
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGR () Change (X) Addition
Name: WHITE, MERRILEE M MGR
Address: 1907 IVAN DR
City-St-Zip: TALLAHASSEE, FL 32303

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: LARRY A. WHITE

MGR

01/08/2006

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