## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #1.05000004429



FILED Jan 10, 2007 8:00 am Secretary of State

1. Entity Name FONE ME, LLC							01-10-2007 9	90058 01	1 ****50.0	00	
Principal Place of Business  10490 GANDY BLVD. ST. PETERSBURG, FL 33702  Mailing Address 10490 GANDY BLVD. ST. PETERSBURG, FL 33702			33702			\$ስስስስቶon					
Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01052007	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State				4. FEI Number 30-029			<del></del>	plied For t Applicable	
Zip Country		Zip	Country				of Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current F	Registered Agent				7. Name and	Address of New I	Registered	Agent		
·	<del></del>			Name							
MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI. FL 33131				Street Address (P.O. Box Number is Not Acceptable)							
IVIIAIVII, FL	33131										
				City	City FL Zip Code						
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registere	ed office or	register	ed agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .											
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	TE: Registere	d Agent signati	ure required	when reinstating)		DATE			
Fi	Signature, typed or printed name of registered agent a lling Fee Is \$50.00 ue by May 1, 2007	nd title if applicable. (NOT	TE: Registere	d Agent signati	ure required	when reinstating)		ke check	payable to nent of State	9	
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11. I hereby certify that the information supplied with this filing 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 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.

CITY-ST-ZIP

D NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP