


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90279 007 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000004513	
<b>1. Entity Name</b> AUDIO VIDEO COMMUNICATIONS, LLC	

<b>Principal Place of Business</b> 3506 KILKENNEY DRIVE EAST TALLAHASSEE, FL 32309	<b>Mailing Address</b> 3506 KILKENNEY DRIVE EAST TALLAHASSEE, FL 32309
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<b>2. Principal Place of Business - No P.O. Box #</b> 715 Flagg Street Suite, Apt. #, etc.	<b>3. Mailing Address</b> 715 Flagg Street Suite, Apt. #, etc.
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<b>City &amp; State</b> Tallahassee, FL	<b>City &amp; State</b> Tallahassee, FL
<b>Zip</b> 32305	<b>Zip</b> 32305
<b>Country</b> US	<b>Country</b> US



02012007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 20-2167801	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  RICHARD A. GLOVER, CPA, PA 1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308
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<b>7. Name and Address of New Registered Agent</b>
<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>


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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> BATON, DAVID A 3506 KILKENNEY DRIVE EAST TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>mgrm</b> Baton, David A. 715 Flagg St. Tallahassee, FL 32305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b>  <b>David A. Baton</b>	<b>Date</b>	<b>Daytime Phone #</b>
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