

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005691

FILED
Apr 22, 2006
Secretary of State

Entity Name: CERVAE COMMUNICATIONS

Current Principal Place of Business:

P.O. BOX 4215
SEMINOLE, FL 33775

New Principal Place of Business:

2300 SE 38TH ST
OCALA, FL 34480

Current Mailing Address:

P.O. BOX 4215
SEMINOLE, FL 33775

New Mailing Address:

2300 SE 38TH ST
OCALA, FL 34480

FEI Number: 20-2399581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANIER, JAMES R III
2300 SE 38TH ST.
OCALA, FL 34480 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: MGRM () Delete
Name: LANIER, JAMES R III
Address: 2300 SE 38TH STREET
City-St-Zip: OCALA, FL 34480

Title: MGRM () Delete
Name: SCHWARZ, JOHN G
Address: 9545 TARA CAY CT.
City-St-Zip: SEMINOLE, FL 33776

Title: MGRM () Delete
Name: SCHOME, RICHARD A
Address: 9624 121ST ST. N
City-St-Zip: SEMINOLE, FL 33778

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SCHOMP, RICHARD A
Address: 9624 121ST ST. N
City-St-Zip: SEMINOLE, FL 33778

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: JAMES R LANIER III

MGRM

04/22/2006

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