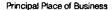
2007 LINE D LIABILITY COMPANY

DOCUMENT # L05000013421

1. Entity Name

CENTRAL FLORIDA COMMUNICATIONS LIMITED LIABILITY COMPANY



Mailing Address

2790 LAKE HELEN OSTEEN ROAD DELTONA, FL 32738

2790 LAKE HELEN OSTEEN ROAD DELTONA, FL 32738 FILED.

07 SEP 21 PM 3: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA



09052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE

IN THIS SPACE

DO NOT WRITE IN THIS SPACE

PETERS, MICHAEL J

2790 LAKE HELEN OSTEEN ROAD DELTONA, FL 32738

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.

Signature, typed or printed name of registered agent and tale if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$50.00 Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM PETERS, MICHAEL J TRUSTEE 2790 LAKE HELEN OSTEEN ROAD DELTONA, FL 32738 MGRM PETERS, KAREN TRUSTEE 2790 LAKE HELEN OSTEEN ROAD
CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELTONA, FL 32738
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
 I hereby certify that the information supplied with this filling does not qualify for the ex 	

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DO NOT WRITE IN THIS SPACE

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.

SNATURE: 1 COM YOU DE DESCRIPTION OF ACCUSAGE MEMORIES OF AUTOCOPER DESCRIPTION

9/6/07

386-789-8040

Daytme Phone 1