2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000020089

1. Entity Name RADIUS TELECOMM LLC



Principal Place of Business

13650 FIDDLESTICKS BLVD., UNIT 205 FT. MYERS, FL 33912

Mailing Address

13650 FIDDLESTICKS BLVD., UNIT 205 FT. MYERS, FL 33912





02052008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	Number			
	81-0666298			Not Applicable	
5.	Certificate of Status Desired		5.00 A	Additional uired	

6. Name and Address of Current Registered Agent

MAWANI, BRENDA 2729 COLONIAL BLVD APT 105 FORT MYERS, FL 33907

STREET ADDRESS CITY-ST-ZIP

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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. Familiar with, and accept the obligations of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered	Agent signature required when reinstating)	DATE			
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	,			•		
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAWANI, BRENDA 2729 COLONIAL BLVD, APT. 105 FORT MYERS, FL 33907						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAWANI, RIZWAN 2729 COLONIAL BLVD, APT 105 FORT MYERS, FL 33907			000000833745 02/28/08-80024-025 i	138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE . NAME							

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.

Brenda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE