

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030056

FILED
Jul 14, 2006
Secretary of State

Entity Name: CONVERGEX COMMUNICATIONS, LLC.

Current Principal Place of Business:

7733 BRETTONWOOD DRIVE
TAMPA, FL 33615

New Principal Place of Business:

6423 ROYAL HUNT DR #204
TAMPA, FL 33625

Current Mailing Address:

P.O. BOX 261826
TAMPA, FL 336851826

New Mailing Address:

FEI Number: 41-2171481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CONTRERAS, HECTOR C
7733 BRETTONWOOD DR.
TAMPA, FL, FL 33615 US

Name and Address of New Registered Agent:

CONTRERAS, HECTOR C
6423 ROYAL HUNT DR #204
TAMPA, FL, FL 33625 US

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: _____

07/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CONTRERAS, HECTOR C
Address: P.O. BOX 261826
City-St-Zip: TAMPA, FL 336851826

Title: MGRM () Delete
Name: BOAN, CHARLES R
Address: P.O. BOX 261826
City-St-Zip: TAMPA, FL 336851826

ADDITIONS/CHANGES:

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

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

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: HECTOR C. CONTRERAS

MGRM

07/14/2006

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