## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Aug 04, 2006 8:00 am Secretary of State **DOCUMENT #L05000033780** 07-21-2006 90085 003 \*\*\*\*50.00 E THREE PHONE, LLC. Principal Place of Business Mailing Address 7233 N.W. 113 CT. 7233 N.W. 113 CT. DORAL, FL 33178 DORAL FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08012006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FFI Number Applied For 20-7 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAME ALLIEGRO, EDUARDO 7233 N.W. 113 CT. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33178 City Zio Code 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 Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM MILE Oelete MILE Change Addition BRACHO, EDUARDO NAME STREET ADDRESS 7233 N.W. 113 CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP MGRM me Delete TILLE ☐ Change ☐ Addition FERNANDEZ, EDUARDO NAME HAME 7233 N.W. 113 CT. STREET ADDRESS STREET ADDRESS CITY-S1-71P MIAMI, FL 33178 CITY-ST-7IP MGRM IRLE TITLE ☐ Delete ☐ Change ☐ Addition ALLIEGRO, EDUARDO NAME 7233 N.W. 113 CT. STREET ADDRESS STREET ADDRESS MIAMI, FL 33178 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P MILE ☐ Delete IIILE Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTLE ☐ Delete MIF ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 319-095 08/01

FILED

2006 LIMITED LIABILITY COMPANY ATTACHMENT

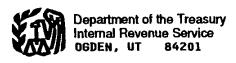
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Suite, Apt etc.		Suite, Apt. #, etc.			05082006 Chg-LLC CR2E083 (11/05)					
City & State		City & State			4. FEI Numbe	, <u>.</u>			optied For	
Zip Country		Zio Count		· ·			x Applicable			
ᅺ	COO 107	24		y	5. Certificate of Status Desired S 5.00 Additional Fee Required					
	6. Name and Address of Curren	t Registered Agent		L.—	7. Name and	Address of New F	tegistered Ager	d		
ALLIECDO	D. EDUARDO			Name						
7233 N.W.				Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	. 33178		<del> </del>		•		<del></del>			
				City				T- C-1		
* A.						FL Zp Code				
	named entity submits this statement i tions of registered agent.	for the purpose of changing its	register	ed office or registe	ared agent, or both	n, in the State of Flo	orida. Jam famil J	iar with,	and accept	
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SIGNATURE	Signature, typed or printed name of registered ager	PIOR)	Registers	nd Agent signature require	ed when remelating)		DATE	<u></u>	<del></del>	
Fii Due l	ling Fee is \$50.00 by September 8, 2006						e check peyal Department		•	
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS	CHANGES			
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indicated	certry that the information supplied wi d on this report is true and accurate an ability company or the receiver or trust	of that my signature shall have	the sam	e legal effect as it	mede under oath;	(hat lem a mane)	and certify that ping member or	menage	r of the	
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ATTACHMENT Employer Identification Number:

Number of this Notice: CP- 136

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Form: 941

Tax Period: 000000

For assistance you may call us at:

1-800-829-0115

166641.209037.0579.012 1 AV 0.278 690

E THREE PHONE LLC LATINBOX 7233 NW 113 CT DORAL FL 33178-3697337

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## YOUR 2005 FEDERAL TAX DEPOSIT REQUIREMENTS

This letter explains your Form 941 federal tax deposit requirements for 2005. No response is needed, but please review the following information carefully.

Monthly Schedule Depositor - In October, we reviewed the Forms 941 you filed for the quarters ending September 30, 2003, December 31, 2003, March 31, 2004, and June 30, 2004, to determine your deposit requirements for 2005. You are a monthly depositor because your total tax liability for the four quarters was \$50,000 or less. This means that when you pay wages for any one month, your deposit is due by the 15th day of the following month. It is your responsibility to verify this information against your quarterly tax records.

\$100,000 Next-Day Deposit Rule - If your accumulated Form 941 tax liability reaches \$100,000 or more at any time during a calendar month, your deposit is due by the next banking day. After that, you must make your deposits semi-weekly rather than monthly. Semi-weekly means that if you pay wages on Wednesday, Thursday, or Friday, your deposit is due by the following Wednesday. If you pay wages on Saturday, Sunday, Monday, or Tuesday, your deposit is due by the following Friday. If your accumulated Form 941 tax liability reaches \$100,000 or more at any time during a semi-weekly period, your deposit is due the next banking day.

\$2,500 Rule - If your total tax liability for any quarter is less than \$2,500, you can pay the amount when you file your Form 941 instead of making deposits. If you're not sure your total tax liability for the quarter will be less than \$2,500, deposit using the monthly rules so you won't be subject to failure to deposit penalties.

It is your responsibility to determine which deposit schedule you should follow. Please contact us if you have problems making your first deposit as a result of your 2005 deposit schedule.

## **ELECTRONIC DEPOSIT REQUIREMENT**

You must make your deposits electronically in 2005 if your total tax deposits during the 2003 calendar year exceeded \$200,000, or if you were required to use the Electronic Federal Tax Payment System (EFTPS) in 2004.

Please call the IRS office nearest you if you have any questions or want information about enrolling in EFTPS.

Helpful Hint: For faster service, try calling us any day except Monday when our call volumes are highest.