

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90208 037 \*\*\*\*50.00

|  |                       |  |   |   |  |
|--|-----------------------|--|---|---|--|
| DOCUMENT # L05000034905  |                       |  |   |    |  |
| 1. Entity Name<br>GLOBAL COMMUNICATIONS, LLC   |                       |  |   |   |  |
| Principal Place of Business<br>1820 BROOKHAVEN DRIVE<br>SARASOTA, FL 34239 US  |                       |  | Mailing Address<br>1820 BROOKHAVEN DRIVE<br>SARASOTA, FL 34239 US |   |  |
| 2. Principal Place of Business   |                       | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |                       | Suite, Apt. #, etc.  |   |   |  |
| City & State   |                       | City & State   |   |   |  |
| Zip  |                       | Country  |   | Zip   |  |
|  |                       |  |   |   |  |
| 6. Name and Address of Current Registered Agent  |                       |  |   | 7. Name and Address of New Registered Agent   |  |
| BUICK, THOMAS<br>4020 VANA DRIVE<br>SARASOTA, FL 34241   |                       |  |   | Name <u>Amy B. Freeman</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>1820 Brookhaven Drive</u><br>City <u>Sarasota</u> FL <u>34239</u> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                       |  |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |                       | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                       |  | 10. ADDITIONS/CHANGES   |   |  |
| TITLE  | MGRM                  | <input type="checkbox"/> Delete                                    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   | FREEMAN, AMY          |  | NAME  |   |  |
| STREET ADDRESS   | 1820 BROOKHAVEN DRIVE |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  | SARASOTA, FL 34239    |  | CITY - ST - ZIP   |   |  |
| TITLE  |                       | <input type="checkbox"/> Delete                                    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                       |  | NAME  |   |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  |                       |  | CITY - ST - ZIP   |   |  |
| TITLE  |                       | <input type="checkbox"/> Delete                                    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME   |                       |  | NAME  |   |  |
| STREET ADDRESS   |                       |  | STREET ADDRESS  |   |  |
| CITY - ST - ZIP  |                       |  | CITY - ST - ZIP   |   |  |
| TITLE  |                       | <input type="checkbox"/> Delete                                    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                       |  |   |   |  |
| SIGNATURE: <u>Amy Burke Freeman</u>  |                       |  | 3/31/06 (941) 587-8860  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                       |  |   |   |  |