2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 03, 2006 8:00 am Secretary of State **DOCUMENT # L05000045748** 02-03-2006 90079 023 ****55.00 REAL TIME COMMUNICATIONS, LLC. Mailing Address Principal Place of Business 460 PARKSIDE AVE. 460 PARKSIDE AVE. 20004728 MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-LLC CR2E083 (11/05) Applied For City & State 4. FEI Number City & State 41-Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WERNETH, SAMUEL Street Address (P.O. Box Number is Not Acceptable) 460 PARKSIDE AVE MERRITT ISLAND, FL 32953 Zip Code City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM TITLE ☐ Change ■ Addition TITLE Delete WERNETH, SAMUEL NAME NAME STREET ADDRESS 460 PARKSIDE AVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE IIII F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change ₹ITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME

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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.

STREET ADDRESS

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STREET ADDRESS

CITY-ST-7IP