

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000050009

1. Entity Name
ADVANCED COMMUNICATIONS, L.L.C.



**FILED
Apr 23, 2008 8:00 am
Secretary of State**

04-23-2008 90126 020 ***138.75

Principal Place of Business
4532 W. KENNEDY BLVD.
SUITE 277
TAMPA, FL 33609

Mailing Address
4532 W. KENNEDY BLVD.
SUITE 277
TAMPA, FL 33609

2. Principal Place of Business - No P.O. Box #
405 S. DALE MABRY HWY.

3. Mailing Address
405 S. DALE MABRY HWY.

Suite, Apt. #, etc.
Ste. 325

Suite, Apt. #, etc.
Ste. 325

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33609

Country
USA

Zip
33609

Country
USA

6. Name and Address of Current Registered Agent

BRANGAN, PATRICK
4532 W KENNEDY BLVD
SUITE 277
TAMPA, FL 33602

Name
BRANGAN, PATRICK J.
Street Address (P.O. Box Number is Not Acceptable)
3207 MARCELLUS CIR.

City
TAMPA

FL
Zip Code
33609

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)

DATE

4/21/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BRANGAN, PATRICK J
4532 W. KENNEDY BLVD.; SUITE 277
TAMPA, FL 33609

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

PATRICK J. BRANGAN

4/21/08

813-805-896