

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050291

FILED
Apr 20, 2006
Secretary of State

Entity Name: UNITED VIDEO PHONE, L.L.C.

Current Principal Place of Business:

1012 DOLPHIN DRIVE
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1012 DOLPHIN DRIVE
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUTT, DARRIN R ESQ.
1105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WELLENREITER, VICTORIA
Address: 1012 DOLPHIN DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM () Delete
Name: RASCHEL, THOMAS
Address: GERHART HAUOTMANN STRASSE 17
City-St-Zip: D-64589 STOCKSTADT GERMANY,

Title: MGR () Delete
Name: WELLENREITER, JULIUS
Address: 1012 DOLPHIN DRIVE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: RASCHEL, THOMAS
Address: MILLOECKERSTRASSE 24
City-St-Zip: VATERSTETTEN GERMANY, BA D-85591 GE

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: JULIUS WELLENREITER

MGR

04/20/2006

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