


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90011 018 \*\*\*\*50.00

<b>DOCUMENT # L05000053066</b>	
1. Entity Name <b>BEEPERS N PHONES OF WINTER PARK, LLC</b>	

Principal Place of Business <b>7583 UNIVERSITY BLVD., SUITE 6 WINTER PARK, FL 32792</b>	Mailing Address <b>3350 EAST BAY DRIVE LARGO, FL 33771</b>
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2. Principal Place of Business <b>7000 Park Blvd</b>	3. Mailing Address <b>7000 Park BLVD</b>
Suite, Apt. #, etc. <b>Suite A</b>	Suite, Apt. #, etc. <b>Suite A</b>
City & State <b>Pinellas Park, FL</b>	City & State <b>Pinellas Park, FL</b>
Zip <b>33781</b>	Zip <b>33781</b>
Country <b>US</b>	Country <b>US</b>



04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>02-0743426</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>POWNALL, RONALD 3350 EAST BAY DRIVE LARGO, FL 33771</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip 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 _____	DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM POWNALL, RONALD 3350 EAST BAY DRIVE LARGO, FL 33771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM Jeff Burnett 7000 Park Blvd, Suite A Pinellas Park, FL 33781</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/06

727-497-1777