

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062595

Entity Name: SANTEL INVESTMENTS, LLC

FILED
Mar 10, 2006
Secretary of State

Current Principal Place of Business:

3515 FOREST PARK DR
KISSIMMEE, FL 34746

New Principal Place of Business:

3546 VALLEYVIEW DR
KISSIMMEE, FL 34746

Current Mailing Address:

3515 FOREST PARK DR
KISSIMMEE, FL 34746

New Mailing Address:

3546 VALLEYVIEW DR
KISSIMMEE, FL 34746

FEI Number: 20-3072507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOWINSKI, SANDRA G
3515 FOREST PARK DR
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

SOWINSKI, SANDRA G
3546 VALLEYVIEW DR
KISSIMMEE, FL 34746 US

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:

03/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOWINSKI, SANDRA G
Address: 3515 FOREST PARK DR
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM () Delete
Name: SOWINSKI, TELESFOR
Address: 3515 FOREST PARK DR
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOWINSKI, SANDRA G
Address: 3546 VALLEYVIEW DR
City-St-Zip: KISSIMMEE, FL 34746

Title: MGRM (X) Change () Addition
Name: SOWINSKI, TELESFOR
Address: 3546 VALLEYVIEW DR
City-St-Zip: KISSIMMEE, FL 34746

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: SANDRA SOWINSKI

MGRM

03/10/2006

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