


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90035 045 ****55.00

DOCUMENT # L05000081664	
1. Entity Name SPARKLE COMMUNICATIONS, LLC	

Principal Place of Business 101 PLAZA REAL SOUTH #305 BOCA RATON, FL 33432	Mailing Address 101 PLAZA REAL SOUTH #305 BOCA RATON, FL 33432
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2. Principal Place of Business 1400 S. Ocean Blvd Suite, Apt. #, etc. #404 N	3. Mailing Address 1400 S. Ocean Blvd #404 Suite, Apt. #, etc. #404 N
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City & State Boca Raton Florida	City & State Boca Raton Florida
Zip 33432	Country USA
Zip 33432	Country USA

04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3330736	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GIUSEFFI, MARY 101 PLAZA REAL SOUTH #305 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) 1400 S. Ocean Blvd #404 N City Boca Raton FL Zip Code 33432
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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: Mary Giuseffi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #