

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093466

**FILED**  
**Mar 18, 2006**  
**Secretary of State**

**Entity Name:** TOTALCALL AMERICA, LLC

**Current Principal Place of Business:**

1000 BRICKELL AVENUE  
SUITE 420  
MIAMI, FL 33131

**New Principal Place of Business:**

4314 MAHOGANY RIDGE DRIVE  
WESTON, FL 33331

**Current Mailing Address:**

1000 BRICKELL AVENUE  
SUITE 420  
MIAMI, FL 33131

**New Mailing Address:**

4314 MAHOGANY RIDGE DRIVE  
WESTON, FL 33331

**FEI Number:** 20-3516444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, JOSE  
4314 MAHOGANY RIDGE DR.  
WESTON, FL 33331 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: RODRIGUEZ, JOSE  
Address: 4314 MAHOGANY RIDGE DR.  
City-St-Zip: WESTON, FL 33331

Title: MGRM (X) Delete  
Name: LANZAFAME, ALFIO  
Address: 90 ALTON RD, APT 2112  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

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

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: JOSE RODRIGUEZ

MGRM

03/18/2006

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