

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096895

FILED
Apr 28, 2007
Secretary of State

Entity Name: TRICOM MANAGEMENT GROUP OF OKLAHOMA LLC

Current Principal Place of Business:

263 EGRET WAY
WESTON, FL 33327

New Principal Place of Business:

3432 ASHTON OAKS COVE
ORLANDO, FL 32779

Current Mailing Address:

263 EGRET WAY
WESTON, FL 33327

New Mailing Address:

3432 ASHTON OAKS COVE
ORLANDO, FL 32779

FEI Number: 20-3556945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIBBLE, KEITH
263 EGRET WAY
WESTON, FL 33327 US

Name and Address of New Registered Agent:

TRIBBLE, KEITH
3432 ASHTON OAKS COVE
ORLANDO, FL 32779 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: KEITH TRIBBLE

04/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TRIBBLE, KEITH
Address: 263 EGRET WAY
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: TRIBBLE, TERRI
Address: 263 EGRET WAY
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TRIBBLE, KEITH
Address: 3432 ASHTON OAKS COVE
City-St-Zip: ORLANDO, FL 32779

Title: MGR (X) Change () Addition
Name: TRIBBLE, TERRI
Address: 3432 ASHTON OAKS COVE
City-St-Zip: ORLANDO, FL 32779

I hereby certify that the information supplied with this filing does not qualify 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: KEITH TRIBBLE

MGR

04/28/2007

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