## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 20, 2007 8:00 am Secretary of State

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DOCUMENT # L05000110360  1. Entity Name CRIMSON BUSINESS COMMUNICATIONS LLC						04-20-2007 90029 041 ****55.00			
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Principal Plac	e of Business	Mailing Address				4	ANAQƏIA		
466 E MIRACLE STRIP PKWY 466 E MIRACLE STRIP P			KWV						
MARY ESTHER, FL 32569 MARY ESTHER, FL 32569									
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		3. Mailing Address				<u> </u>			
Suite, Apt. #, etc.		341 Pipers Landing Suite Apt. # etc.							
000, 7	.,	Conc, Apr. W, dio.			04092007	Chg-LLC	CR2E083 (12/06)		
City & Stat		City & State			4. FEI Numb	er	I Ap	oplied For	
Detu	niak Springs FC	Defuniak Si	pring	3	35-223	11942 20-4	1154539 No	ot Applicable	
32Y	Country	Zip	Country	-	5 Certificate	of Status Desired	\$5.00 Add		
SOLY:	s3   Walter	32433	Wall	$\alpha$			Fee Require	:d	
	6. Name and Address of Current F	Registered Agent	——- <del> </del>	Vame	7. Name and	Address of New	Registered Agent		
MCCUEN.	MARK WAYNE		'	Name					
	ACLE STRIP PKWY		8	Street Address (P.O. Box Number is Not Acceptable)					
MARY ES	THER, FL 32569		⊢-	<u> 241 (</u>	ipers Lai	ving			
				City Oak	uniak Sc		FL Zip Cod	е	
8 The above	named entity submits this statement for	the aureone of changing its	agistored s			orings:	794	433	
	tions of registered agent.	the purpose of changing its n	egistered t	office of reg	istered agent, or bu	an, in the state of r	-iorida. Tam familiai with,	and accept	
CIONIATURE									
SIGNATURE .	Signature, typed or printed name of registered agent a								
		nd tifle if applicable. (NO1E.	Registered Ag	ent signature rec	Quired when reinstating)		DATE		
	iling Fee is \$50.00 ue by May 1, 2007	nd title if applicable. (NOTE.	Registered Ag	ent <b>sig</b> nature rec	quired when reinstating)		DATE  ske check payable to da Department of Stat	e	
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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 Jeceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANAGER OF SIGNING MANAGING MEMBER. MANAGER OF AUTHORIZED REPRESENTATIVE

Date

te Daytime Phone #