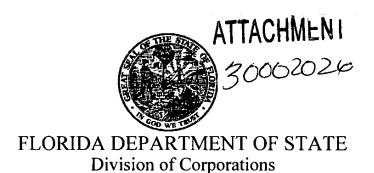
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State

2/20

DOCUMENT # L05000113086 1. Entity Name M OF TALLAHASSEE CCNW, LLC							02-20-200	6 9013	39 032 *	****50.00	
	e of Business LL CIRCLE N.W. E, FL 32303		Mailing Address 4223 CAPITAL CIRCLE TALLAHASSEE, FL 323		I I ERNSH	300020			rifar fil funt	:	
2. Principal P	lace of Busines	S	3. Mailing Address								
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City & State			City & State		1			polied For Applicable			
Zlp	Country		Zīp	Zīp Coun		8. Certificat	te of Status Desired		5.00 Add on Require		l
	6. Name at	nd Address of Current	Registered Agent			7. Name ar	d Address of New Regi				
And A second					Name .		· · · · · · · · · · · · · · · · · · ·	_ ~	ب محمدین د	التهسته	
MAYFIELD, EMORY L 4223 CAPITAL CIRCLE N.W.					Street Address	P.O. Box Num	ber is Not Acceptable)				
TALLAHASSEE, FL 32303						Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9		
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											
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9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CH	ANGES	 		
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11. i hereby	certify that the i	nformation supplied with	this filing does not qualify/o	r the exe	emptions contained	in Chapter 11	9, Florida Statutes, I furthe	er certify	that the info	rmation	
11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trusted propowered by execute into report as required by Chapter 608, Florida Statutes.											
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JOHA	EIGHATURE AN	THE ON PRINTED HAME O	F SIGNAGE WALLSON WENTER, MA	NACER, OF	R AUTHORIZED REPRES	ENTATIVE	Deta /	De	yème Phone #)	



February 22, 2006

M OF TALLAHASSEE CCNW, LLC 4223 CAPITAL CIRCLE N.W. TALLAHASSEE, FL 32303

Subject: M OF TALLAHASSEE CCNW, LLC

Reference Number:

L05000113086

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj ANNUAL REPORTS SECTION