

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

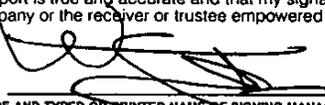
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Apr 07, 2006 8:00 am
Secretary of State

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03162006 Chg-LLC CR2E083 (11/05)

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|--|--------------------------------------|---------------------|--|---|-------------------------------|
| DOCUMENT # L05000123108 | | | |  | |
| 1. Entity Name AVIANA COMMUNICATIONS, LLC | | | | | |
| Principal Place of Business 365 TAFT-VINELAND ROAD SUITE 101 ORLANDO, FL 32824 US | | | Mailing Address 365 TAFT-VINELAND ROAD SUITE 101 ORLANDO, FL 32824 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FBI Number 161744532 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| STRICKLER, WILLIAM 365 TAFT-VINELAND ROAD SUITE 101 ORLANDO, FL 32824 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL | | Zip Code |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | STRICKLER, WILLIAM | NAME | | | |
| STREET ADDRESS | 365 TAFT-VINELAND ROAD, SUITE 101 | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO, FL 32824 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | MGR. Charles F. Cavaretta | | |
| STREET ADDRESS | | STREET ADDRESS | 5209 Vineland Rd, Suite 200 | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | ORLANDO, FL 32811 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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:  | | | Date: 4/3/06 | | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |