

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037375

Entity Name: PHE TELECOM, LLC

FILED  
May 22, 2007  
Secretary of State

## Current Principal Place of Business:

220 CHEROKEE COURT  
SUITE # 113  
ALTAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

540 TULANE DR.  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

PO BOX 181007  
CASSELBERRY, FL 32718 10

## New Mailing Address:

PO BOX 181007  
CASSELBERRY, FL 32718

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BAEZ, EDGAR  
220 CHEROKEE COURT  
SUITE # 113  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

BAEZ, EDGAR  
540 TULANE DR.  
ALTAMONTE SPRINGS, FL 32714 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: EDGAR BAEZ

05/22/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BAEZ, EDGAR  
Address: 220 CHEROKEE COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BAEZ, EDGAR  
Address: 540 TULANE DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: EDGAR BAEZ

MGRM

05/22/2007

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