

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040252

FILED
May 01, 2007
Secretary of State

Entity Name: VANGUARD COMMUNICATIONS GROUP LLC

Current Principal Place of Business:

25 CASTLE HARBOR ISLE
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

2855 UNIVERSITY DR 5TH FL
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

25 CASTLE HARBOR ISLE
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

2855 UNIVERSITY DR. 5TH FL
CORAL SPRINGS, FL 33065 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
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:

BAZSULY, STEVEN
25 CASTLE HARBOR ISLE
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

BAZSULY, SUSAN
2855 UNIVERSITY DR. 5TH FL
CORAL SPRINGS, FL 33065 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: SUSAN BAZSULY

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAZSULY, SUSAN J
Address: 25 CASTLE HARBOR ISLE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAZSULY, SUSAN J
Address: 2855 UNIVERSITY DR. 5TH FL
City-St-Zip: CORAL SPRINGS, FL 33065

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: SUSAN BAZSULY

MNGR

05/01/2007

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