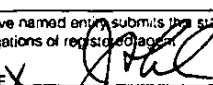
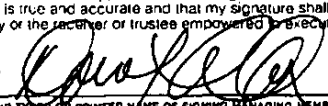


FILED
May 03, 2007 8:00 am
Secretary of State

04-18-2007 90033 017 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000044367			
1. Entity Name TELECOM TRAK, LLC			
Principal Place of Business 2815 BOLTON ROAD, STE. A ORANGE PARK, FL 32073		Mailing Address 2815 BOLTON ROAD, STE. A ORANGE PARK, FL 32073	
2. Principal Place of Business - No P.O. Box # 2815 Bolton Rd Ste 101		3. Mailing Address P.O. Box 877	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orange Park, FL		City & State Orange Park, FL	
Zip 32073		Zip 32067-0877	
Country		Country	
4. FEI Number 20-5405159		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 14 EAST BAY STREET JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Nichols, John W. Street Address 1329 Kingsley Avenue, Suite D City Orange Park, FL Zip 32073	
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  DATE 2/28/07 (NOTE: Registered Agent signature required when terminating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM Jaguar Technologies, Inc. 2813 Bolton Road, Suite 101 Orange Park, FL 32073		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM Robert Kohn 300 Linberry Lane Ocoee, FL 34761		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM Karen Wilkie 833 Riverbend Blvd. Longwood, FL 32779		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition	
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 secretary or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. SIGNATURE:  DATE 2/28/07 (904)276-3630 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #			