


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000044367 1. Entity Name TELECOM TRAK, LLC	
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Principal Place of Business 2823 BOLTON RD SUITE 101 ORANGE PARK, FL 32073	Mailing Address PO BOX 877 ORANGE PARK, FL 32067
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DO NOT WRITE IN THIS SPACE

03182008 No Chg-LLC CR2E083 (12/07)

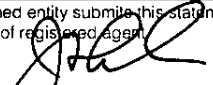
4. FEI Number 20-5405159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

NICHOLS, JOHN W
1329 KINGSLEY AVE
SUITE D
ORANGE PARK, FL 32073

**DO NOT WRITE
IN THIS SPACE**

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: 4/2/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

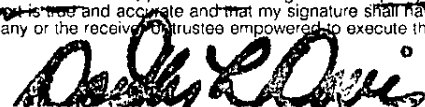
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAGUAR TECHNOLOGIES, INC. 2873 BOLTON RD SUITE 101 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHN, ROBERT 300 LINBERRY LN OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILKIE, KAREN 833 RIVERBEND BLVD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000879343
04/15/08-80015-022 138.75

**DO NOT WRITE
IN THIS SPACE**

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: 4/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #