

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048731

Entity Name: A KHAN TELECOM LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

2717 SEVILLE BLVD., APT. 1204
CLEARWATER, FL 33764

New Principal Place of Business:

15804 FISHHAWK FALLS DRIVE
LITHIA, FL 33547

Current Mailing Address:

2717 SEVILLE BLVD., APT. 1204
CLEARWATER, FL 33764

New Mailing Address:

15804 FISHHAWK FALLS DRIVE
LITHIA, FL 33547

FEI Number: 20-4927259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KHAN, ADALAT
Address: 2717 SEVILLE BLVD., APT. 1204
City-St-Zip: CLEARWATER, FL 33764

Title: ST () Delete
Name: KHAN, ADALAT
Address: 2717 SEVILLE BLVD., APT. 1204
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KHAN, ADALAT
Address: 15804 FISHHAWK FALLS DRIVE
City-St-Zip: LITHIA, FL 33547

Title: ST (X) Change () Addition
Name: KHAN, ADALAT
Address: 15804 FISHHAWK FALLS DRIVE
City-St-Zip: LITHIA, FL FL

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: ADALAT KHAN

MGR

03/27/2009

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