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FILED
Mar 16, 2007 8:00 am
Secretary of State

02-23-2007 90206 022 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000049256

1. Entity Name
LTE, LLC

Principal Place of Business
7500 AMSTERDAM DR.
ORLANDO, FL 32832

Mailing Address
7500 AMSTERDAM DR.
ORLANDO, FL 32832

01112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7500 Amsterdam Drive	7500 Amsterdam Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32832 Country: USA	Zip: 32832 Country: USA

4. FEI Number: 20-4924500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 LUKENS, R. FRANK JR ~~1078 STANHOME WAY~~ ~~ORLANDO, FL 328045104~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7500 Amsterdam Drive Orlando, FL 32832	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TRAFICANTE, RUSSELL J ~~1078 STANHOME WAY~~ ~~ORLANDO, FL 328045104~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7500 Amsterdam Drive Orlando, FL 32832	☑ Change ☐ Addition
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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: Jayne Whittenburg 1/11/07 407-481-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #