

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108512

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** INTEGRATED COMMUNICATIONS, LLC

**Current Principal Place of Business:**

16300 19TH AV  
233  
N. MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

18305 BISCAYNE BLVD  
200  
AVENTURA, FL 33160 US

**Current Mailing Address:**

2971 NE 185TH STREET  
UNIT 1905  
AVENTURA, FL 33180 US

**New Mailing Address:**

18305 BISCAYNE BLVD  
200  
AVENTURA, FL 33160 US

**FEI Number:** 02-0790508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINDA, MUSGROVE  
2971 NE 185TH STREET  
UNIT 1905  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

LINDA, MUSGROVE  
1000 ISLAND BLVD  
APT 2207  
AVENTURA, FL 33160 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: LINDA MUSGROVE

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LINDA, MUSGROVE  
Address: 2971 NE 185TH STREET, UNIT 1905  
City-St-Zip: AVENTURA, FL 33180 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LINDA, MUSGROVE  
Address: 1000 ISLAND BLVD  
City-St-Zip: AVENTURA, FL 33160 US

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: LINDA MUSGROVE

MGRM

04/30/2008

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