2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# L06000120514

Entity Name: UNASSISTED TRIPLE PLAY, LLC

Current Principal Place of Business:

18521 SW 92 AVE.
MIAMI, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

18521 SW 92 AVE.
MIAMI, FL 33157 US

New Mailing Address:

FEI Number: 35-2286439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZLOFF, HOWARD W
9200 SOUTH DADELAND BLVD.
420
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

ROBB, JAMES C
18521 SW 92 AVE
MIAMI, FL 33157 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: JAMES C ROBB 02/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROBB, JAMES C
Address: 18521 SW 92 AVE.
City-St-Zip: MIAMI, FL 33157

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: SCHNEIDER, GUSTAVO
Address: 13295 SW 12 ST
City-St-Zip: MIAMI, FL 33186

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: GUSTAVO SCHNEIDER MGRM 02/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date