

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90128 007 \*\*\*138.75

<b>DOCUMENT # L07000091183</b> 1. Entity Name <b>RIC'S PREPAID TELECOM LLC</b>					
Principal Place of Business <b>101 NORTH OCEAN DRIVE, SPACE 163 HOLLYWOOD, FL 33019</b>			Mailing Address <del>1201 S. OCEAN DRIVE, APT. 2109-N</del> <b>HOLLYWOOD, FL 33019</b>		
2. Principal Place of Business - No P.O. Box # <b>101 N Ocean DR</b>		3. Mailing Address <b>101 N OCEAN DR</b>		 04032008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. <b>163</b>		Suite, Apt. #, etc. <b>163</b>			
City & State <b>Hollywood, FL</b>		City & State <b>Hollywood FL</b>			
Zip <b>33019</b>		Zip <b>33019</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>WENRICK, WALTER B 101 NORTH OCEAN DRIVE, SPACE 163 HOLLYWOOD, FL 33019</b>			7. Name and Address of New Registered Agent <div style="border: 1px solid black; width: 100%; height: 40px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WENRICK, WALTER B <del>1201 S. OCEAN DRIVE, APT. 2109-N</del> HOLLYWOOD, FL 33019</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>101 N. Ocean DR #446 Hollywood, FL 33019</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Walter B. Wenrick Managing Member</u> 4/21/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

00001444

FL

Zip Code

954-923-8644