
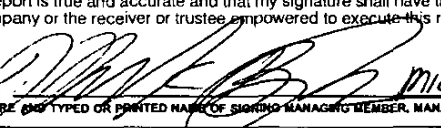


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90189 022 \*\*\*143.75

DOCUMENT # L07000122732			
1. Entity Name VOIPTEK LLC			
Principal Place of Business 931 SOUTH FLORIDA AVE. LAKELAND, FL 33803		Mailing Address 931 SOUTH FLORIDA AVE. LAKELAND, FL 33803	
2. Principal Place of Business - No P.O. Box # 3609 Joshua Ln Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5525 Suite, Apt. #, etc.	
City & State LAKELAND FL		City & State LAKELAND FL	
Zip 33812		Zip 33807	
Country P.		Country	
4. FEI Number 22-3973374		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRMINGHAM, MICHAEL C 931 SOUTH FLORIDA AVE. LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRMINGHAM, MICHAEL C 3609 JOSHUA LN LAKELAND FL 33812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDMOND, THOMAS E 931 SOUTH FLORIDA AVE. LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REDMOND, THOMAS E 3609 JOSHUA LN LAKELAND FL 33812 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIRMINGHAM, MICHAEL C 931 SOUTH FLORIDA AVE. LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIRMINGHAM, MICHAEL C 3609 JOSHUA LN LAKELAND FL 33812 <input checked="" 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  MICHAEL BIRMINGHAM		Date 8-21-08 Daytime Phone # 863-393-9760	