2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

☐ Change

■ Addition

DOCUMENT # L07000126081						~	-,		
1001 EAST TELECOM DRIVE 1001 EAST TELECO	1. Entity Name							8.75	
1001 EAST TELECOM DRIVE BOCA RATON, FL 33431	Principal Plac	ce of Business	Mailing Address	Mailing Address		Phhorizz	u-		
Suite, Apt. #, etc.	1001 EAST TELECOM DRIVE		1001 EAST TELECOM DRIVE						
Suite, Apt. #, etc.	Principal Place of Business - No P.O. Box # 3. Mailing Address								
Zip Country Zip Country Sip Country Sip Country Signature and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Name Address of New Registered Agent Name Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082008	Chg-LLC	CR2E083 (12/06)		
Country	City & State		City & State		4. FEI Numb			plied For	
S. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAY'S STREET TALLAHASSEE, FL 32301-2525 8. The above named entity, submits this statement for the purpose of changing its registered Agent (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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 After Now 1, 2008 Fee will be \$533.75 SIRELE NOWIII. FEE IS \$138.75 After May 1, 2008 Fee will be \$533.75 BMake check payable to Florida Department of State FEE NOWIII. FEE IS \$138.75 After Now 1, 2008 Fee will be \$533.75 After Now 1, 2008 Fe	Zip Country		Zip	Country	06		\$5.00		
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Corporation Service COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	Nama	7. Name an	d Address of New Re	gistered Agent		
Entre above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sopature, typed or protest name of registered agent agent and sole if appointment. (NOTE Registered Agent separated when remissions) DATE	1201 HAYS STREET				ress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
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, yield or ported name of registered agent and use if applicable. (NOTE Registered Agent agreture required when reintaging) DATE	TALLAHA	SSEE, FL 32301-2525		-		 -			
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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.

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Dispute Phone #