2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# L08000032382

Entity Name: TELEWARE, LLC

Current Principal Place of Business:

3729 SE 18TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

9101 W. COLLEGE POINTE DR
STE 2
FORT MYERS, FL 33919

Current Mailing Address:

3729 SE 18TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

9101 W. COLLEGE POINTE DR
STE 2
FORT MYERS, FL 33919

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEADE, WENDY
3729 SE 18TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

MILLICORP
9101 W. COLLEGE POINTE DR
STE 2
FORT MYERS, FL 33919 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: TIMOTHY MEADE 06/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MEADE, WENDY
Address: 3729 SE 18TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MEADE, TIMOTHY
Address: 9101 W. COLLEGE POINTE DR, STE 2
City-St-Zip: CAPE CORAL, FL 33919

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: TIMOTHY MEADE MR 06/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date