
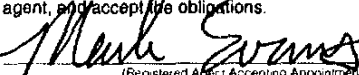



FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company NEWAVE TELECOMMUNICATIONS, L.C. 217 BOSTON AVE ALTAMONTE SPRINGS FL 32701		DOCUMENT #L96000000058 1a. Principal Place of Business Address 217 BOSTON AVE ALTAMONTE SPRINGS FL 32701	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified		3a. State of Formation	
01/16/1996		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3353088			
5. Date of Last Report		6. Certificate of Status Desired	
		<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CONWAY, DAVID 217 BOSTON AVE ALTAMONTE SPRINGS FL 32701		8. Name and Address of New Registered Agent Name MARK EVANS Street Address (P.O. Box Number is Not Acceptable) 217 BOSTON AVE Suite, Apt. #, etc. City ALTAMONTE SPRINGS, FL Zip Code 32701	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE 		DATE 3/24/97	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BARRY, STEPHEN T	209 W RIDGEWOOD CT	LONGWOOD FL
MGRM	CONWAY, DAVID	1261 N LAKE SYBELIA DR	MAITLAND FL
MGRM	PEPPER, ROY	2640 JILTON CT	ORLANDO FL
MGRM	REID, MIKELL R I	1302 AZALEA LANE	MAITLAND FL
MGRM	JENKINS, EDWARD	2935 S JENKINS RD	FT PIERCE FL
MGRM	LYE, ARTHUR	916 BOOTHE CIRCLE	LONGWOOD FL
			3000002139573--3 -04/10/97--01088--001 ***203.75-***203.75
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		3/24/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	