


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L96000000294</b> 1. Entity Name WORKSITE COMMUNICATIONS, L.C.	
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Principal Place of Business 2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308	Mailing Address 2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308
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04182005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3374702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BISCHOFF, WILLIAM S ESQUIRE 3691 DEXTER DRIVE TALLAHASSEE, FL 32312	<b>DO NOT WRITE IN THIS SPACE</b>
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

000000320671  
04/21/05-80049-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERIDAN, MICHAEL H 3101 SESSIONS RD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAUDINO, JOSEPH P 1382 MANOR HOUSE DR. TALLAHASSEE, FL 32312
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**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

**SIGNATURE:** *Cathy A. Innesmeyer* *April 20, 05* 850521-0112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #