


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000000099</b> 1. Entity Name <b>TELEMIKRO INTERNATIONAL, L.C.</b>	
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Principal Place of Business <b>C/O GERRY E. TOMPKINS 1505 LAKEVIEW CIRCLE CORAL SPRINGS, FL 33071</b>	Mailing Address <b>C/O GERRY E. TOMPKINS 1505 LAKEVIEW CIRCLE CORAL SPRINGS, FL 33071</b>
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04022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3427980</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**TOMPKINS, GERRY E  
1505 LAKEVIEW CIRCLE  
CORAL SPRINGS, FL 33071**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TOMPKINS, GERRY E 1505 LAKEVIEW CIRCLE CORAL SPRINGS, FL 33071</b>
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04/20/06-80068-022 50.00

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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.

**SIGNATURE:** Gerry E. Tompkins, its MANAGER **GERRY E. TOMPKINS** 04/03/06 (954) 663-3118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #