


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L97000000278 1. Entity Name UNICOM COMMUNICATIONS, L.L.C.					
Principal Place of Business 17 SMOKY MOUNTAIN DR. FRANKLIN, NC 28734			Mailing Address 17 SMOKY MOUNTAIN DR. FRANKLIN, NC 28734		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0733066	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSENTHAL, STUART S ESQ 555 SW 12TH AVENUE SUITE 101 POMPANO BEACH, FL 33064-3505				7. Name and Address of New Registered Agent Name Street Address (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 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 _____					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, DENNIS		NAME	U00000567228	
STREET ADDRESS	3650 CORAL RIDGE DR.		STREET ADDRESS	06/15/06-80002-014 50.00	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOKY MOUNTAIN SYSTEMS, INC.		NAME		
STREET ADDRESS	19 SMOKY MOUNTAIN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, NC 28734		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEROKEE LONG DISTANCE, INC.		NAME		
STREET ADDRESS	HWY 19, FRONTIER SHOPPING CENTER		STREET ADDRESS		
CITY-ST-ZIP	CHEROKEE, NC 28719		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOKEY MOUNTAIN INTERNET		NAME		
STREET ADDRESS	17 SMOKY MOUNTAIN DR.		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, NC 28734		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Charles W. DiPascoli</i>			Date 6/8/06 Daytime Phone # 828-369-6067		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					