



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
ANNUAL REPORT, 1998		 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		98 APR 29 PM 3:10	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L97000000873		1a. Principal Place of Business Address	
LAKE WORTH TELECOM, LC 4897 JOG ROAD SUITE 113 LAKE WORTH FL 33467				4897 JOG ROAD SUITE 113 LAKE WORTH FL 33467	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/11/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				650776709	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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				8. Name and Address of New Registered Agent/Office	
NGUYEN, TRU 4897 JOG ROAD SUITE 113 LAKE WORTH FL 33467				Name MAN ROBERT NGUYEN Street Address (P.O. Box Number is Not Acceptable) 12878 77th PL N. Suite, Apt. #, etc. W City WEST PALM BEACH FL Zip Code 33412	
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				DATE 4/13/98	
10. Title		Managing Members/Managers		Business Street Address	
MEM		NGUYEN, TRU		3200 NW 63RD STREET	
MEM		NGUYEN, NHI		3200 NW 63RD STREET	
MEM		NGUYEN, HOANG		16819 MELODY WAY	
				HAYWARD CA	
				700002512407--7	
				-05/06/98--01008--014	
				****188.75 ****188.75	
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:  TRU NGUYEN 4/14/98 561-434-4911					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date Daytime Phone #					