

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90028 014 ****50.00

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DOCUMENT # L99000008264 1. Entity Name RESIDENTIAL TELECOM, LLC			
Principal Place of Business 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 SUITE 120 WEST PALM BEACH, FL 33401-6246		Mailing Address 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 SUITE 120 WEST PALM BEACH, FL 33401-6246	
2. Principal Place of Business 500 Australian Ave S Suite, Apt. #, etc. Suite 120 City & State West Palm Bch FL Zip 33401 Country Palm Bch		3. Mailing Address 500 Australian Ave S Suite, Apt. #, etc. Suite 120 City & State West Palm Bch FL Zip 33401 Country Palm Bch	
4. FEI Number 65-0975431		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04172006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent RHODES, PAUL 500 AUSTRALIAN AVENUE SOUTH, SUITE 110 WEST PALM BEACH, FL 33401-6246		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 Australian Ave S Suite 120 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 May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHODES, PAUL 500 AUSTRALIAN AVE., S. #120 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Paul Rhodes 4-26-06 316-373100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	