


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90030 044 ***138.75

DOCUMENT # M00000001885 1. Entity Name ENCOMPASS COMMUNICATIONS, L.L.C.	
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Principal Place of Business 119 W. TYLER STE. 260 LONGVIEW, TX 75601	Mailing Address 119 W. TYLER STE. 260 LONGVIEW, TX 75601
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60038787



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2880834	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUTCHISON, RON 119 W. TYLER STE. 260 LONGVIEW, TX 75601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, RON 119 W. TYLER STE. 260 LONGVIEW, TX 75601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, TIM 119 W. TYLER STE. 260 LONGVIEW, TX 75601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUNA, LARRY A 119 W. TYLER STE. 260 LONGVIEW, TX 75601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/08

Date

903-323-4550

Daytime Phone #