2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000001132

1. Entity Name

TEL WEST COMMUNICATIONS L.L.C.



FILED
May 05, 2004 08:00 AM
Secretary of State

Principal Place of Business 3701 S NORFOLK ST SUITE 300 SEATILE, WA 98118

SIGNATURE:

Mailing Address PO BOX 94447 SEATTLE, WA 98124-6747



02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

		IIV	I IIIS SPACE	
	named entity submits this statement for the purpose of cha- ions of registered agent.	funding its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2004			N00000157186 05/06/04-80016-020 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWICKARD, JEFF 3701 S NORFOLK ST STE 300 SEATTLE, WA 98118		··	
TITLE NAME STREET AODRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE #AME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE	
MAME STREET ADDRESS CITY-ST-ZIP			The second secon	
TISLE NAME STREET ADDRESS GITY-ST-ZIP			n minusee in inseed in the second in the	
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on on this report is true and accurate and that my signature sh bility company or the receiver or trustee empowered to exec	qualify for the exemption stated in Section 119.07(3), all have the same legal effect as if made under oath xute this report as required by Chapter 608, Florida	(I), Florida Statutes. I further certify that the information is that I am a managing member or manager of the Statutes.	

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE