

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90084 027 ****50.00

DOCUMENT # M01000002775

1. Entity Name
CURRENT COMMUNICATIONS SERVICES, LLC



Principal Place of Business
**12800 MIDDLEBROOK RD, STE 201
GERMANTOWN, MD 20874**

Mailing Address
**12800 MIDDLEBROOK RD, STE 201
GERMANTOWN, MD 20874**

20003824



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-3063410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BERKMAN, DAVID J
STREET ADDRESS	3 BALA PLAZA EAST STE 502
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	MGRM
NAME	BERKMAN, WILLIAM H
STREET ADDRESS	3 BALA PLAZA EAST STE 502
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	MGR
NAME	RANCK, DEANNA C
STREET ADDRESS	3 BALA PLAZA EAST STE 502
CITY-ST-ZIP	BALA CYNWYD, PA 19004
TITLE	MGR
NAME	BIRNBAUM, JAY L
STREET ADDRESS	12800 MIDDLEBROOK RD STE 201
CITY-ST-ZIP	GERMANTOWN, MD 20874
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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #