


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90155 050 \*\*\*\*50.00

<b>DOCUMENT # M01000002775</b> 1. Entity Name <b>CURRENT COMMUNICATIONS SERVICES, LLC</b>					
Principal Place of Business <b>12800 MIDDLEBROOK RD, STE 201 GERMANTOWN, MD 20874</b>				Mailing Address <b>12800 MIDDLEBROOK RD, STE 201- GERMANTOWN, MD 20874</b>	
2. Principal Place of Business <b>20420 Century Boulevard</b> Suite, Apt. #, etc.				3. Mailing Address <b>20420 Century Boulevard</b> Suite, Apt. #, etc.	
City & State <b>Germantown, MD</b>				City & State <b>Germantown, MD</b>	
Zip <b>20874</b>		Country <b>USA</b>		4. FEI Number <b>23-3063410</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERKMAN, DAVID J 3 BALA PLAZA EAST STE 502 BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20420 Century Boulevard Germantown, MD 20874	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERKMAN, WILLIAM H 3 BALA PLAZA EAST STE 502 BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20420 Century Boulevard Germantown, MD 20874	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RANCK, DEANNA C 3 BALA PLAZA EAST STE 502 BALA CYNWYD, PA 19004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRNBAUM, JAY L 12800 MIDDLEBROOK RD STE 201 GERMANTOWN, MD 20874	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20420 Century Boulevard Germantown, MD 20874	
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	
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.					
<b>SIGNATURE:</b> <u>Jay L. Birnbaum</u> <b>Jay L. Birnbaum, Manager</b> <u>1/11/06</u> <u>301-944-2700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					