2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

Jul 15, 2004 08:00 AM **DOCUMENT # M02000002309** Secretary of State MONROE TELECOM ASSOCIATES, LLC Mailing Address Principal Place of Business 4 BONCROFT DRIVE 4 BONCROFT DRIVE EAST GREENBUSH, NY 12061 EAST GREENBUSH, NY 12061 07062004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number 16-1514969 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301 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) Filing Fee is \$50.00 Due by September 8, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM UQ00001662**79** 07/15/04-80002-010 50.00 TITLE MONROE, LAWRENCE NAME 4 BONCROFT DRIVE STREET ADDRESS CITY-ST-ZIP EAST GREENBUSH, NY 12061 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP

FILED

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MULLIN SIGNATURE AND TYPED OR PRINTS NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DATE DATE PROFES