

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002420

FILED
Apr 27, 2005
Secretary of State

Entity Name: FIRST COMPUTER TELEPHONY INNOVATORS, L.L.C.

Current Principal Place of Business:

228 PONTE VEDRA PARK DRIVE
SUITE 100
PONTE VEDRE, FL 32082

New Principal Place of Business:

Current Mailing Address:

228 PONTE VEDRA PARK DRIVE
SUITE 100
PONTE VEDRE, FL 32082

New Mailing Address:

FEI Number: 38-3218305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOYLE, EDMUND H
228 PONTE VEDRA PARK DRIVE
SUITE 100
PONTE VEDRE, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DOYLE, EDMUND H
Address: 228 PONTE VEDRA PARK DRIVE, STE 100
City-St-Zip: PONTE VEDRE, FL 32082

Title: MGR () Delete
Name: DOYLE, JAMES T
Address: 5201 ROYAL VALE LANE
City-St-Zip: DEARBORN, MI 48126

Title: MGR () Delete
Name: DOYLE, JACK
Address: 3501 MILL POND ROAD
City-St-Zip: CHARLOTTE, NC 28226

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDMUND H DOYLE

MGR

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date