

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000003125

1. Entity Name
SYMTELCO, LLC



Principal Place of Business
1385 WEBER INDUSTRIAL DR.
CUMMING, GA 30041

Mailing Address
1385 WEBER INDUSTRIAL DR.
CUMMING, GA 30041



02112004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0642431

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, 2004

U000000058514
02/20/04-00041-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOGAN, GREG
1385 WEBER INDUSTRIAL DR.
CUMMING, GA 30041

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ZIMMERER, FRANK T
1385 WEBER INDUSTRIAL DR.
CUMMING, GA 30041

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CLAY, SANDRA
1385 WEBER INDUSTRIAL DR.
CUMMING, GA 30041

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

Greg Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/11/04
Date

(678) 455-2770
Daytime Phone