2004 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Jul 22, 2004 8:00 am Secretary of State

DOCUMENT # M0300000200 1. Entity Name SPECTRACOM, LLC					07-22-2004 90098 009 ****50.00				
Principal Place of Business Mailing Address					TIUNUUTA				
			Boulevard, Suite 500 H Gardens, FL 33410				860) 660 660 660	TI4 TEIT	IBI III IB P (
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07122004	Chg-LLC	CR2E083 (10	/03)		
City & State	9	City & State		4. FEI Numbe 81-058				olied For Applicable	
Zip	Country	Zip Counti		try	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
C T CORPORATION SYSTEM				Name					
1200 SOU	TH PINE ISLAND ROAD ON, FL 33324	Street Address (P.O. Box Number is Not Acceptable)							
	4	-		City			FL 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 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 September 8, 2004				_			check payable Department of		
9.	MANAGING MEMBE		10.	- <u>-</u>		ADDITIONS/	CHANGES	· · · · · · · · · · · · · · · · · · ·	فنحنها
TITLE NAME STREET ADDRESS	MGR MANAGING MEMBE DYCOM INVESTMENTS, INC. 4440 PGA BOULEVARD, SUITE	□ Delete 500	•	E EET ADDRESS		-	Cr	ange	☐ Addition
CITY-ST-ZIP TITLE	PALM BEACH GARDENS, FL 33	□ Delete	TITLE	-ST-ZIP				2000	Addition
NAME STREET ADDRESS CITY-ST-ZIP	. Diciple		NAM STRE				_ G	ange	Audiabii
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .	TITL NAM STRE	E			□ cr	ange	Addition
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.									

7/20/2004 (561)627-7171

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OF AUTHORIZED REPRESENTATIVE

Daytime Phone #