

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001469

FILED  
Jul 17, 2008  
Secretary of State

**Entity Name:** PRISTAR COMMUNICATIONS, LLC

**Current Principal Place of Business:**

1809 N. BLACK HORSE PIKE B-3  
WILLIAMSTOWN, NJ 08094

**New Principal Place of Business:**

**Current Mailing Address:**

13400 PERIWINKLE AVENUE  
SEMINOLE, FL 33776

**New Mailing Address:**

FEI Number: 81-0592036      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BLANCO, LAVERA  
13400 PERIWINKLE AVENUE  
SEMINOLE, FL 337763016 US

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BELL, TYLER  
Address: 1809 N BLACK HORSE PIKE  
City-St-Zip: WILLIAMSTOWN, NJ 08094

Title: MGR ( ) Delete  
Name: RESOURCE INVESTMENT, GROUP  
Address: 1809 N BLACK HORSE PIKE B-3  
City-St-Zip: WILLIAMSTOWN, NJ 08094

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, 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: TYLER BELL

MNGM

07/17/2008

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