
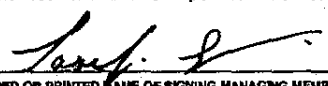


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # M03000003505 1. Entity Name ADVANCED CALL CENTER TECHNOLOGIES, LLC		
Principal Place of Business 606 MORGAN BLVD HARLINGEN, TX 78550	Mailing Address 606 MORGAN BLVD HARLINGEN, TX 78550	
DO NOT WRITE IN THIS SPACE		
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
2. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEBBAS, CHRISTOPHER J 606 MORGAN BOULEVARD HARLINGEN, TX 78550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMMBO, JOSEPH 1235 WESTLAKES DRIVE, SUITE 160 BERWYN, PA 19312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		4/26/05 610 685 0500 x1 Date Daytime Phone #



04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2308959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U000000346451
04/30/05-80076-003 50.00