

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004222

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: SWITCH AND DATA COMMUNICATIONS LLC

**Current Principal Place of Business:**

1715 N. WESTSHORE BLVD., STE. 650  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1715 N. WESTSHORE BLVD., STE. 650  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 52-2414044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: OLSEN, KEITH  
Address: 1715 N. WESTSHORE BLVD., STE. 650  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: POLLOCK, GEORGE A JR  
Address: 1715 N. WESTSHORE BLVD., STE. 650  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: MYNARD, CLAYTON  
Address: 1715 N. WESTSHORE BLVD., STE. 650  
City-St-Zip: TAMPA, FL 33607

Title: MGR ( ) Delete  
Name: SHEIL, P.J.  
Address: 1715 N. WESTSHORE BLVD., STE. 650  
City-St-Zip: TAMPA, FL 33607

**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:

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 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: CLAYTON MYNARD

MGR

01/17/2006

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