

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000000073**

1. Entity Name  
**INTEROPERABLE TECHNOLOGIES LLC**



Principal Place of Business  
**600 WEST HILLSBORO BLVD.  
STE 130  
DEERFIELD, FL 33441**

Mailing Address  
**C/O XM SATELITE RADIO INC  
1500 ECKINGTON PLACE NE  
WASHINGTON, DC 20002**



01052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**34-1976534**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 ratifying)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	PATSIOKAS, STELIOS
STREET ADDRESS	1500 ECKINGTON PLACE, N.E.
CITY-ST-ZIP	WASHINGTON, DC 20002
TITLE	MGR
NAME	TITLEBAUM, JOSEPH
STREET ADDRESS	1500 ECKINGTON PLACE, N.E.
CITY-ST-ZIP	WASHINGTON, DC 20002
TITLE	MGR
NAME	LEDFOORD, MICHAEL
STREET ADDRESS	1221 AVENUE OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	MGR
NAME	FREAR, DAVID
STREET ADDRESS	1221 AVENUE OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	MGR
NAME	DONNELLY, PATRICK
STREET ADDRESS	1221 AVENUE OF THE AMERICAS, 36TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10020
TITLE	MGR
NAME	DELUCA, MICHAEL
STREET ADDRESS	600 WEST HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD, FL 33441

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*

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

*Secretary and General Counsel*

*4/14/06*

Date

*202-380-4000*

Daytime Phone #