

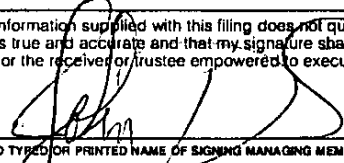


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90118 035 \*\*\*\*50.00

<b>DOCUMENT # M04000004116</b> 1. Entity Name <b>EATEL DIRECTORIES, L.L.C.</b>					
Principal Place of Business <b>913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737</b>			Mailing Address <b>913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01132005    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>72-1483637</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCANLAN, RUTH B 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCANLAN SMITH, DARYL 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCANLAN, ARTHUR G II 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCANLAN, JOHN D 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCANLAN, JOHN D 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCANLAN, JOHN D 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCANLAN, JOHN D 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCANLAN, JOHN D 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 		1-20-05		225-621-4388	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	