

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000004116  
 1. Entity Name  
 EATEL DIRECTORIES, L.L.C.



Principal Place of Business      Mailing Address  
 913 SOUTH BURNSIDE AVENUE      913 SOUTH BURNSIDE AVENUE  
 GONZALEZ, LA 70737                  GONZALEZ, LA 70737



01162006 No Chg-LLC      CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 72-1483637      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCANLAN, RUTH B 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCANLAN SMITH, BERYL 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCANLAN, ARTHUR G II 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCANLAN, JOHN D 913 SOUTH BURNSIDE AVENUE GONZALEZ, LA 70737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000412462  
 02/10/06-80048-004 50.00

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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: Cynthia J. Boury      1/16/06      225-621-4297  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #