

**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  
913 SOUTH BURNSIDE AVENUE  
GONZALEZ, LA 70737

Mailing Address  
913 SOUTH BURNSIDE AVENUE  
GONZALEZ, LA 70737



01162006 No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-1483637

Applied For  
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

**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 reinstating)

DATE

**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

000000412462  
02/10/06-80048-004 50.00

**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:

*Cynthia J. Boury*

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

1/16/06 225-621-4297

Date

Daytime Phone #