2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # M04000004507 04-27-2005 90045 034 ****50.00 TELSTAR CAPITAL LLC 14002603 Principal Place of Business Mailing Address 4106 MARIAH CIR. 4106 MARIAH CIR. FT. PIERCE, FL 34947 FT. PIERCE, FL 34947 01172005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 02-0572223 Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KNUTSON, PAUL DO NOT WRITE 4106 MARIAH CIR. FT. PIERCE, FL 34947 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, 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, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME CAPRON, TIMOTHY G 4106 MARIAH CIR. STREET ADDRESS CITY - ST - ZIP FT. PIERCE, FL 34947 MGR TITLE KNUTSON, PAUL NAME 4106 MARIAH CIR. STREET AODRESS CITY-ST-ZIP FT. PIERCE, FL 34947 TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the wered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information sopplindicated on this report is true and acquisimited liability company or the poceiver of lied wit

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

FILED