


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**


09-10-2007 90219 001 \*\*\*\*50.00  
09-10-2007 90219 002 \*\*\*\*\*5.00

<b>DOCUMENT # M06000006620</b>	
1. Entity Name <b>LYCA TEL, LLC</b>	

Principal Place of Business <b>63 BELGROVE DRIVE, UNIT M 2-A KEARNEY, NJ 07032</b>	Mailing Address <b>63 BELGROVE DRIVE, UNIT M 2-A KEARNEY, NJ 07032</b>
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2. Principal Place of Business - No P.O. Box # <b>570 Broad Street</b>	3. Mailing Address <b>570 Broad Street</b>
Suite, Apt. #, etc. <b>Suite 301</b>	Suite, Apt. #, etc. <b>Suite 301</b>
City & State <b>Newark, New Jersey</b>	City & State <b>Newark, New Jersey</b>
Zip <b>07102</b>	Country <b>U.S.A.</b>

**30012791**



09042007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>77-0604247</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent	
<b>REGNUM GROUP, INC. 7999 NW 53 STREET MIAMI, FL 33166</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

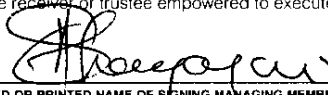
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGRM</b>	<b>KADAMBAN, RADHAKRISHNAN</b> <input checked="" type="checkbox"/> Delete	TITLE <b>Financial Manager Lyca Tel</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME <b>Somasuntharan Thayanan</b>	
STREET ADDRESS	<b>63 BELGROVE DRIVE, UNIT M 2-A</b>	STREET ADDRESS	<b>570 Broad Street, Suite 301</b>
CITY-ST-ZIP	<b>KEARNEY, NJ 07032</b>	CITY-ST-ZIP	<b>Newark, N.J. 07102</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **9/4/07** **973-286-0771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #