2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# M08000005529

Entity Name: PRINCE TELECOM, LLC

Current Principal Place of Business:

34 BLEVINS DRIVE, SUITE 5
NEW CASTLE, DE 19720

New Principal Place of Business:

Current Mailing Address:

34 BLEVINS DRIVE, SUITE 5
NEW CASTLE, DE 19720

New Mailing Address:

11770 U.S. HIGHWAY 1, SUITE 101
PALM BEACH GARDENS, FL 33408

FEI Number: 51-0381976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	KUHN, JOHN	
Address:	34 BLEVINS DRIVE, SUITE 5	
City-St-Zip:	NEW CASTLE, DE 19720	
Title:	V	( ) Delete
Name:	FISCHER, BARRY L	
Address:	34 BLEVINS DRIVE, SUITE 5	
City-St-Zip:	NEW CASTLE, DE 19720	
Title:	V	(X) Delete
Name:	GRUFF, SCOTT	
Address:	34 BLEVINS DRIVE, SUITE 5	
City-St-Zip:	NEW CASTLE, DE 19720	
Title:	V	(X) Delete
Name:	HEALY, BILL	
Address:	34 BLEVINS DRIVE, SUITE 5	
City-St-Zip:	NEW CASTLE, DE 19720	
Title:	C	(X) Delete
Name:	DRZYMALA, JEFFREY	
Address:	34 BLEVINS DRIVE, SUITE 5	
City-St-Zip:	NEW CASTLE, DE 19720	
Title:	T	(X) Delete
Name:	DEFERRARI, H. ANDREW	
Address:	11770 U.S. HIGHWAY #1, SUITE 101	
City-St-Zip:	PALM BEACH GARDENS, FL 33408	

ADDITIONS/CHANGES:

Title:	T	(X) Change ( ) Addition
Name:	DEFERRARI, H. ANDREW	
Address:	11770 U.S. HIGHWAY 1, SUITE 101	
City-St-Zip:	PALM BEACH GARDENS, FL 33408	
Title:	MGR	(X) Change ( ) Addition
Name:	STEVEN, NIELSEN	
Address:	11770 U.S. HIGHWAY 1, SUITE 101	
City-St-Zip:	PALM BEACH GARDENS, FL 33408	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: H. ANDREW DEFERRARI T 04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date