## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## Mar 29, 2002 8:00 am **Secretary of State** DOCUMENT # M 98000000 241 03-29-2002 91211 034 \*\*\*\*55 00 1. Entity Name 6. Communication - CONSTRUCTION, LLC 516717 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 6835 MEADOWRIDGE COURT 6835 MEADOWRIDGE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not Applicable Country" Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 1200 SOUTH PINE 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. FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. TITLE mGRMTITLE CR2E083B (12/01) NAME BAGUSIN JOHN 5239 BRIDGEWATER DRIVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ACWORTH GA CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIF CITY-ST-ZIP TITI F IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 everyor trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this repo-limited liability compa

CITY-ST-ZtP

SIGNATURE:

CITY-ST-ZIP

JOHN F. RAGUSIN

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**FILED**