

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FO 2005

Filing Period: Septe	ember I - November I 🗆	<ul> <li>Filing Fee: \$50.00</li> </ul>	AL REFURI F	OR THE YE.	AR
1. ID No. 1.17865	ED OR PRINTED IN BLACK)  2. Exact name of the limited liability company Reduced Rate Long Distance LLC				
3. State of Formation					
NEVADA	SALE OF TEL	n of the character of the bus ECOMMUNICATION PR	iness which is actually conduct ODUCTS	ted in Rhode Island	<u> </u>
5. Principal office addr	ess		City	10	
1800 PEMBROKE	DRIVE, SUITE 30		ORLANDO	State FL	<i>Zip</i> 32810 -
6, MAILING ADD	RESS OF LIMITED LE	ABILITY COMPANY	AND NAME OR TITLE	C OF CONTACT PE	BAGN.
CHRIS STEIN			Contact Title	nl /mana	2PT
Street Address 1800 PEMBROKE	DRIVE, SUITE 300	)	City ORLANDO	State FL	Zip 32810-
7. NAME AND AD	DRESS OF FACE MAD	VACED ON THE LONG	FTED LIABILITY CO		32810-
	THE EN SPACE	ES BEFURE USENG AT	TACHMENTS ("Y" <i>BOX</i>	FOR ATTACHMENT) [	]
Manager Name	THE MEDITION OF THE PROPERTY O	ANNOCKS REQUIRE	FILING OF AMENDMENT	R.L.G.L 7-16-12 (2) (2)	7-16-52
Bobert Street Address	Somentin	0	Manager Name	s Steir	l
1800 Pembro	ore Dr. Su	ite 300	Street Address Per	nbrooke I	or Suite 300
Ottondo. Manager Name	State	<sup>24</sup> 32810	City OMO	State	32810
Street Address	NA		Street Address	A	
City	Side	Zip	City	State	Zip
8-RESIDENT AGEN	T IN RHODE ISLAND	DO NOT ALTER- Chang	es require filing of I	Form 842 - RIGI 1	36-11
Agent Name			Address	, and the same of	
NATIONAL REGIS	STERED AGENTS, IN	C.	222 JEFFERSON	BOULEVARD, SUI	TF 200
Address			City		
<u> </u>		<u>.</u>	WARWICK		02888-
					US 23 PH 2:06
This report must be	signed in ink by an al	uthorized person purs	uant to 7-16-66.	·	<b>σ</b> 1

\*117865 FLLC 02/22/05 04:52:47 PM\* FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of Stale

Corporations Division 100 North Main Street Providence, RI 02903-1335 401 222 3040

LAMITED LA	ABIL	ггү сомра	.NY ANNUAL I	REPORT FOR T	HE YEAR .	20	104
Filing Period: Septen			Filing Fee: \$50.00				
FORM MUST BE TYPED	OR PRINT	ED IN BLACK)					,
1 ID No	2 Exact	name of the limited liabili	ty company				
117865	Reduc	ed Rate Long Distan					
3 State of Formation		4 Brief description of the	character of the business who	h is actually conducted in Rhode	: Island		
NEVADA SALE OF TELECOMMUNICATION PRODUC			CTS				
5 Principal office address 1800 Rembrooke Drive Suite 300			Orlando	State FL		32810	
6. MAILING ADDRE	SS OF LI	MITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT	PERSON:		
Chris Stein				Contact Title Manager			
1800 Pembrooke Drive Suite 300  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABLE FILL IN SPACES BEFORE USING ATTACK ANY MODIFICATIONS TO MANAGERS REQUIRES FILL				HMENTS ("X" BOX FO	R ATTACHMENT)	_	32810
Manager Name Robert Sovrentino			Manager Name Chris Stein				
1800 Pembrooke Drive Suite 300			ve Suite300	11216 Tamiani Trl. N. #407			
City Orlandi	C	State FL	<sup>24</sup> 32810	Cur Naples	State FL	-	<sup>Z#</sup> 34110
Manager Name N /A			Manager Name N/A				
Street Address	•			Street Address	•		
City		State	Zφ	Сагу	State		Ζφ
8. RESIDENT AGENT Agent Name	T IN RH	ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 6	642 - R.I.G.L. 7-10	6-11	'
NATIONAL REGISTER	RED AGEN	NTS. INC.		1			
Address				Cuv	_	Zφ	
222 JEFFERSON BOULEVARD, SUITE 200				WARWICK	02888-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 4.104
Check No 1549
By: 1
FOR SECRETARY OF STATE USE ONLY

Inder penalty of perju	ry. I declare and affiri	n that I have examined this report.
ncluding any accompa	nying schedules and s	statements, and that all statements
contained herein are tr	ue and correct.	
///-		

02888-



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 - Filing Fee: \$50.00

2003

(FORM MUST BE TYPE	D OR PRINTED IN BLACK)						
1 112 No 117865							
3 State of Formation NEVADA		on of the character of the hi ECOMMUNICATION P	usiness which is actually conducted in Rhi RODUCTS	rde Island			
5 Principal office addire 101 South 6. MAILING ADDR		Ste. 400 ILITY COMPANY ANI	Maitland  Name or title of contact	State FL T PERSON:	32751		
Robert Some Street Address			Contact Title Ples.	Contact Tale Ples.			
101 South	hall Lane		Mattend	State	37 27.1		
	7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (2) (7-16-52						
Manager Name Robert Sorrentino			Manager Name	Manager Name			
101 South hall Lanc, Str.400  Cas Matland State FL 37751			Street Address	Street Address			
Matland	State FL	32751	Car	State	/up		
Manager Name			Manager Name	••••••••	σ		
Street Address			Street Address	<u> </u>	N 25 P		
Сиј	State	Zφ	Cut	State	Zip 55 CO		
8. RESIDENT AGEN Agent Name NATIONAL REGISTE		- DO NOT ALTER - C	hanges require filing of Form  Address	642 - R.I.G.L. 7-16-11	VED OF STI		
Address 222 JEFFERSON BOULEVARD, SUITE 200			Cris WARWICK	Car Zap Zap			

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

* 1 1 7 8 6 5	*
File Date	
NOV 2 8 2003	
By 1012931	
FOR SECRETARY OF STATE USE ONLY	li.

Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

	LIM	HED LIABILITY COMPANY				
ID	Number 117865	Annual Report for the year				
1.	The name of the limited liability company  Reduced Roden	is: Long Distance LLC				
		$\rightarrow$				
2.	The address of the principal office of the li					
	480 Fentress Blud.	Ste M. Daytona Beach, Fl 32114				
3.	The state or other jurisdiction under the laws of which it is formed is: Nexado					
4.	The name and address of its resident agent is: <u>Notional Registered Gornts</u>					
		on Blud. Ste 200 Warwick RI 02888				
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom				
	communications may be directed are:	weth Wieley Hex				
	480 Fentress Blud. S	He M Daytona Beach, FL 32114				
6.	A brief statement of the character of the	business in which the limited liability company is actually engaged in this				
	_	commication products				
7.	If the limited liability company has manage	ers, list the name and address of each manager:				
	Name	Address				
5	Both Wielex	480 Fertiess Blud Stern Dupton Beach, Fl 32114 An Fentruss Blud Ste M Dupton Beach Fl 32114				
Da	1e: 8/12/02 8.20.02 Ck# 1622	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Reduced Rate Lang Distance Land  Exact Name of Limited Bability Company  By Copyrightons  Title				
	ਜ No. 632 ised: 01/99					