

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018889

FILED  
Apr 07, 2004  
Secretary of State

**Entity Name:** HOME TOWN CABLE TV OF ST. LUCIE COUNTY, LLC

**Current Principal Place of Business:**

1290 BILTMORE STREET  
SUITE A  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

1290 BILTMORE STREET  
SUITE A  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 51-0441509      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, A. JEFFRY  
201 SOUTH BISCAYNE BLVD., SUITE 3000  
MIAMI, FL 33131 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SILVERS, LAURIE  
Address: 1290 BILTMORE STREET SUITE A  
City-St-Zip: PORT ST. LUCIE, FL 34984

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURIE S SILVERS

MGRM

04/07/2004

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