

2001 UNIFORM BUSINESS REPORT (UBR)

0012874 AF

DOCUMENT # L00000012580

1. Entity Name
LAKE MARION CABLE SERVICES, L.L.C.

FILED

01 APR 30 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
15342 S.W. 17TH STREET
DAVIE FL 33326

Mailing Address
15342 S.W. 17TH STREET
DAVIE FL 33326

2. Principal Place of Business
11860 W State Road 84 # B-15
Davie, FL 33325
Country: USA

3. Mailing Address
11860 W State Road 84 # B-15
Davie, FL 33325
Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3705599
Applied For ☒ **Not Applicable**

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBBINS, CHARLES D
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent
Charles Robbins ESQ.
5214 La Gorce Drive
Miami Beach, FL 33140-2106
FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE Vice President	<input type="checkbox"/> Delete
NAME Richard Davenport	
STREET ADDRESS 11860 W State Road 84 # B-15	
CITY-ST-ZIP Davie, FL 33325	
TITLE Secretary	<input type="checkbox"/> Delete
NAME Amnon Golan	
STREET ADDRESS 11860 W State Road 84 # B-15	
CITY-ST-ZIP Davie, FL 33325	
TITLE Director	<input type="checkbox"/> Delete
NAME J. Steven Davenport	
STREET ADDRESS 11860 W State Road 84 # B-15	
CITY-ST-ZIP Davie, FL 33325	
TITLE Vice President	<input type="checkbox"/> Delete
NAME Annie Smith	
STREET ADDRESS 11860 W State Road 84 # B-15	
CITY-ST-ZIP Davie, FL 33325	
TITLE Director President	<input type="checkbox"/> Delete
NAME Tom Selleke	
STREET ADDRESS 11860 W State Road 84 # B-15	
CITY-ST-ZIP Davie, FL 33325	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information 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 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: _____ **SIGNATURE REQUIRED**

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

CR2E083 (11/00)