


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002941
 1. Entity Name
 COOKE BROADCASTING, L.L.C.



Principal Place of Business Mailing Address
 3420 NORTHSIDE DR. P.O. BOX 1800
 KEY WEST, FL 33040 KEY WEST, FL 33041

DO NOT WRITE IN THIS SPACE



07272005No Chg-LLC CR2E083 (10/03)

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|---|--------------------------------|
| 4. FEI Number 76-0741235 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

CLARIN, PAUL
 P.O. BOX 1800
 KEY WEST, FL 33041

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR COOKE, JOHN KENT SR PO BOX 1887 MIDLEBURG, VA 20117 |
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 08/01/05-80013-005 50.00

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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: Paul A. Clarke 8/27/05 305 292 7777 x 202

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