


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: 3420 NORTHSIDE DR. KEY WEST, FL 33040
 Mailing Address: P.O. BOX 1800 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 #