


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90488 001 \*\*\*150.00

**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
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**30000479**

**DO NOT WRITE IN THIS SPACE**




01032007 No Chg-LLC CR2E083 (11/05)

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

**6. Name and Address of Current Registered Agent**  
 CLARIN, PAUL  
 3420 NORTHSIDE DRIVE  
 KEY WEST, FL 33040

**DO NOT WRITE IN THIS SPACE**

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:  **CEO** DATE: **1/25/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

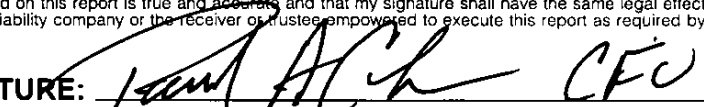
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **CEO** DATE: **1/25/07** <sup>(305)</sup> **292-7777**

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