

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90099 007 ***138.75

DOCUMENT # L06000068966

1. Entity Name
TCE BROADBAND, LLC



Principal Place of Business
**625 NW 16TH AVENUE
MIAMI, FL 33125**

Mailing Address
**625 NW 16TH AVENUE
MIAMI, FL 33125**

60011523



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BSPA CORPORATE SERVICES, INC.
350 E LAS OLAS BLVD.
SUITE 1000
FT. LAUDERDALE, FL 33301**

Name
Elder & Lewis, P.A.
Street Address (P.O. Box Number is Not Acceptable)
Bayview Executive Plaza
3225 Aviation Avenue, Suite 301
City
Coconut Grove **FL** Zip Code
33133

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 **Kerry H. Lewis, Esq.**

2/22/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BORDEN, JONATHAN R
625 NW 16TH AVENUE
MIAMI, FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Miami, FL 33125 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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: **Jonathan R. Borden**

2/22/08

305-642-7822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #