## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000006953

Entity Name: CENTURY COMMUNICATIONS V.I., LLC

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3300 UNIVERSITY DR 1951 NW 19TH STREET CORAL SPRINGS, FL 33065

SUITE 200 BOCA RATON, FL 33431

**Current Mailing Address: New Mailing Address:** 

1951 NW 19TH STREET 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065 SUITE 200

BOCA RATON, FL 33431

FEI Number: 65-1028064 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DIFORE, CORA DIFORE, CORA

1951 NW 19TH STREET 3300 UNIVERSITY DR

POMPANO BEACH, FL 33065 US SUITE 200 BOCA RATON, FL 33431 US

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: 04/29/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

EISNER, NEIL Name: Name: 3300 UNIVERSITY DR Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition FALCONE, ROBERT Name: FALCONE, ROBERT Name:

Address: 3300 UNIVERSITY DR Address: 1951 NW 19TH STREET City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

FALCONE, ARTHUR FALCONE, ARTHUR Name: Name: 3300 UNIVERSITY DR Address: Address: 1951 NW 19TH STREET City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

Name: FALONE, EDWARD Name: FALCONE, EDWARD Address: 3300 UNIVERSITY DR Address: 1951 NW 19TH STREET City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ARTHUR FALCONE **MGRM** 04/29/2005