


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000006953
 1. Entity Name
CENTURY COMMUNICATIONS V.I., LLC



<i>Principal Place of Business</i>	<i>Mailing Address</i>
1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431	1951 NW 19TH STREET SUITE 200 BOCA RATON, FL 33431



02262006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1028064	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

DIFORE, CORA
 1951 NW 19TH STREET
 SUITE 200
 BOCA RATON, FL 33431

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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 May 1, 2006**

11/01/07 4:56:27
 03/23/06-80017-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EISNER, NEIL 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALCONE, ROBERT 1951 NW 19TH STREET BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALCONE, ARTHUR 1951 NW 19TH STREET BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FALCONE, EDWARD 1951 NW 19TH STREET BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* 3/9/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #