


**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	
---	---

Principal Place of Business
**1951 NW 19TH STREET
SUITE 200
BOCA RATON, FL 33431**

Mailing Address
**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 <input type="checkbox"/> 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**

**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 _____

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

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

0000007466627
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	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

3/9/06