

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90196 001 \*1,050.00

**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

30003437



03132007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1028064	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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 reinstating) DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	EISNER, NEIL
STREET ADDRESS	3300 UNIVERSITY DR
CITY- ST - ZIP	CORAL SPRINGS, FL 33065

TITLE	MGRM
NAME	FALCONE, ROBERT
STREET ADDRESS	1951 NW 19TH STREET
CITY- ST - ZIP	BOCA RATON, FL 33431

TITLE	MGRM
NAME	FALCONE, ARTHUR
STREET ADDRESS	1951 NW 19TH STREET
CITY- ST - ZIP	BOCA RATON, FL 33431

TITLE	MGRM
NAME	FALCONE, EDWARD
STREET ADDRESS	1951 NW 19TH STREET
CITY- ST - ZIP	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:** *William McKissack* *W. McKissack* 03.12.07 561-961-1249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #