


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 29, 2005 08:00 AM
Secretary of State

| | | | |
|---|---------|---|---------|
| DOCUMENT # L00000008397 | |  | |
| 1. Entity Name BROADBAND VENTURES, LLC | | | |
| Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071 | | Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE

CR2E083 (10/04)

4. FEI Number **65-1024101** Applied For ☐ Not Applicable ☐

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

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent GRANT, MARK F 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE FL 33301 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ FL Zip Code _____ | |
|---|--|--|--|

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM BROADBAND VENTURES MANAGEMENT INC 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000343977 04/29/05-80120-003 50.00 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

N. Maria Menendez, Vice President

4/28/05

(954) 753-1730

Date

Daytime Phone