## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000012580

Entity Name: LAKE MARION CABLE SERVICES, L.L.C.

Apr 23, 2004 Secretary of State

Date

Current Principal Place of Business: New P	rincipal Place of Business:
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11860 W. STATE ROAD 84., B-15 **DAVIE, FL 33325** 

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

11860 W. STATE ROAD 84., B-15 DAVIE, FL 33325

FEI Number: 59-3705599 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

E.H.G. RESIDENT AGENTS, INC 5100 TOWN CENTER CIRCLE, SUITE 430 BOCA RATON, FL 33486

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:

Electronic Signature of Registered Agent

## **MANAGING MEMBERS/MEMBERS:**

## **ADDITIONS/CHANGES:**

(X) Change ( ) Addition () Delete DAVENPORT, RICHARD DAVENPORT, RICHARD Name: Name: 11860 W STATE ROAD 84 #B-15 Address: 11860 W STATE ROAD 84 #B-15 Address:

**DAVIE. FL 33325 DAVIE. FL 33325** 

City-St-Zip: City-St-Zip:

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

GOLON, AMMON Name: GOLON, AMMON Name: Address: 11860 W STATE ROAD 84 #B-15 Address: 11860 W STATE ROAD 84 #B-15

City-St-Zip: **DAVIE, FL 33325** 

**DAVIE, FL 33325** City-St-Zip:

Title: () Delete Title: MGRM (X) Change ( ) Addition DAVENPORT, J. STEVEN Name: DAVENPORT, J. STEVEN Name: 11860 W STATE ROAD 84 #B-15 11860 W STATE ROAD 84 #B-15 Address: Address:

City-St-Zip: **DAVIE. FL 33325** City-St-Zip: **DAVIE. FL 33325** 

Title: ( ) Delete Title: MGRM (X) Change ( ) Addition STEVENSON, R. REDDING STEVENSON, R. REDDING Name: Name: 424 ALLSPICE COURT Address: Address: 424 ALLSPICE COURT City-St-Zip: KISSIMMEE, FL 32759 City-St-Zip: KISSIMMEE, FL 32759

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

SELLEKE, TOM SELLEKE, TOM Name: Name:

11860 W STATE ROAD 84 #B-15 11860 W STATE ROAD 84 #B-15 Address: Address:

**DAVIE, FL 33325** City-St-Zip: City-St-Zip: **DAVIE, FL 33325** 

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: RICHARD DAVENPORT **MGRM** 04/23/2004