

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000008784

1. Entity Name

BROADBACK TECHNOLOGIES, L.L.C.



Principal Place of Business

**5 CLEARVIEW DRIVE
SAFETY HARBOR, FL 34695 US**

Mailing Address

**5 CLEARVIEW DRIVE
SAFETY HARBOR, FL 34695 US**



03032004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3592668

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CIANFRONE, JOSEPH R ESQ.
1968 BAYSHORE BLVD.
DUNEDIN, FL 34698**

**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, 2004**

1100000091186
03/17/04-80049-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MALONE, JOHN J
STREET ADDRESS	5 CLEARVIEW DRIVE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	MGRM
NAME	MALONE, CAROLE D
STREET ADDRESS	5 CLEARVIEW DRIVE
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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, OR AUTHORIZED REPRESENTATIVE

03/17/04

03/17/04 Phone #

3-15-04 727-726-2319