## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TY

## Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # L01000008784 1. Entity Name BROADBACK TECHNOLOGIES, L.L.C. Principal Place of Business \_ Mailing Address **5 CLEARVIEW DRIVE 5 CLEARVIEW DRIVE** SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 US 03242005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3592668 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIANFRONE, JOSEPH R ESQ. DO NOT WRITE 1968 BAYSHORE BLVD. **DUNEDIN, FL 34698**\_\_\_\_ 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 reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2005 ٩, MANAGING MEMBERS/MANAGERS MGRM TITLE MALONE, JOHN J NAME STREET ADDRESS 5 CLEARVIEW DRIVE CITY-ST-ZIP SAFETY HARBOR, FL 34695 U00000293600 MGRM TITLE 14/108/05-80036-005 50.00 MAKIE MALONE, CAROLE D 5 CLEARVIEW DRIVE STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR, FL 34695 TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-2IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(i), 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 flability company or the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

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