

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2006 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**

DO NOT WRITE IN THIS SPACE



03112006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

**U000000487474
04/13/06-80078-010 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	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-27-06

727-726-2319

Date

Daytime Phone #