2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000008784**

1. Entity Name

BROADBACK TECHNOLOGIES, L.L.C.



Principal Place of Business

5 CLEARVIEW DRIVE

SAFETY HARBOR, FL 34695

Mailing Address

5 CLEARVIEW DRIVE

SAFETY HARBOR, FL 34695

US

FILED Mar 26, 2007 08:00 AM Secretary of State



03082007 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.	Namo	arid	Address	of Curren	t Registe	red Agent

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

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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, 2007

9.	9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM MALONE, JOHN J 5 CLEARVIEW DRIVE SAFETY HARBOR, FL 34695					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM MALONE, CAROLE D 5 CLEARVIEW DRIVE 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						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

U00000678708 04/03/07-80009-015 50.00

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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: Carole W. Malne

3-24-2007

727-126-2319

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

Date

Daykne Phone #