## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 29, 2008 08:00 AN Secretary of State DOCUMENT # L02000018881 1. Entity Name HOME TOWN CABLE TV, LLC Principal Place of Business Mailing Address 10486 SW VILLAGE CENTER DRIVE 10486 SW VILLAGE CENTER DRIVE PORT ST. LUCIE, FL 34987 US PORT ST. LUCIE, FL 34987 US 04252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0744669 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ROBINSON, A. JEFFRY ESQ DO NOT WRITE 201 S. BISCAYNE BLVD. **SUITE 3000** IN THIS SPACE MIAMI, FL 33131 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000932489 MANAGING MEMBERS/MANAGERS TITLE **MGRM** HTC INVESTMENTS, LLC NAME STREET ADDRESS 7163 AYRSHIRE LANE CITY-ST-ZIP BOCA RATON, FL 33496 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUY-ST-71P