2004 LIMITED LIABILITY COMPANY ANNUAL REPORT. (AR)

FILED Mar 12, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # L0300001251 •, ATED BROADBAND, L.L.C.	8 * . 		02-26-2004 90200 015 ****50.00		
Principal Plac	e of Business	Mailing Address	1	<u> </u>		
324 DATURA ST., STE. 110 WEST PALM BEACH FL 33404		324 DATURA ST., STE. 110 WEST PALM BEACH FL 33404				
2. Principal Pi	ace of Business	3. Mailing Address				
Suite, Apt. #. etc.		Suite, Apt. #, etc.		MOORE CR2E083 (11/03)		
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired Fee Required		
	6. Name and Address of Current i	Registered Agent		7. Name and Address of New Registered Agent		
<u>-</u> .			Name	والأراب المنافع فينتوا الشوط الرابات الرابات المعالي المعالية		
WEISS, CHARLES T ESQ 4400 PGA BLVD., STE: 102 PALM BEACH GARDENS FL 33410			Street	Street Address (P.O. Box Number is Not Acceptable)		
,,,,	W DENOTE DATE	110	City	FL Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registated agent a	and title if environment (AMC)	E. Genistered Ament sure	nature required when reststaning) DATE		
9.	MANAGING MEMBE	Make Check Payab	OW!!! FEE IS le to Florida De e By May 1, 200	epartment of State		
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	ACCELERATED FUNDING, L.C.		NAME			
STREET ADDRESS CITY-ST-ZIP	236 PHIPPS PLAZA, STE. A PALM BEACH FL 33480		STREET ADDRESS CITY+ST+ZIP	S.		
TITLE	MGR	☐ Delete	TITLE	Mgr Addition		
NAME	BICKNEIL, DALE ROBERT		NAME	Bicknell Dale Robert		
STREET ADDRESS	112 BOWSPRIT DR.		STREET ADDRESS CITY - ST - ZIP	I HA BOUSDET UP		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			North Palm Beach, FL 33408		
TITLE		☐ Delete	TITLE	Change Addition		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	_		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	Change Addition		
NAME		□ wite	NAME			
STREET ADDRESS	İ		STREET ADDRESS	s C		
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TILE	☐ Change ☐ Addition		
NAME	ľ		NAME			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	3		
TITLE		☐ Delete	TITLE	Change Addition		
NAME	1	₩ 1986	NAME	Coolings C Audition		
STREET ADDRESS			STREET ADDRESS	s		
CITY-ST-ZIP			CITY-ST-ZIP	·		
indicated	certify that the information supplied with lon this report is true and accurate and ability company or the receiver or trustee	that my signature shall have	the same legal of	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ffect as if made under cath; that I am a managing member or manager of the d by Chapter 608, Florida Statutes.		
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING MANAGING MEMBER: MJ	ANAGER, OR AUTHORIZ	Dale R. Bicknell 2/20/04 1600		