

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90041 003 \*\*\*\*\*5.00  
03-09-2006 90003 008 \*\*\*\*\*45.00

**20014393**



<b>DOCUMENT # L03000033140</b>					
<b>1. Entity Name</b> CONNECTICUT SCHOOL OF BROADCASTING DAVIE, LLC					
<b>Principal Place of Business</b> 3450 NORTHLAKE BLVD., SUITE 110 PALM BEACH GARDENS, FL 33403			<b>Mailing Address</b> 3450 NORTHLAKE BLVD., SUITE 110 PALM BEACH GARDENS, FL 33403		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01202006 Chg-LLC CR2E083 (11/05)	
<b>4. FEI Number</b> 20-0735283				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BANNER, DAVID 3450 NORTHLAKE BLVD., SUITE 110 PALM BEACH GARDENS, FL 33403			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when resigning)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBINSON, NICHOLAS H 130 BIRDSEYE ROAD FARMINGTON, CT 06032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>		DAVID BANNER c.o.o.		3/6/06 561-842-2000	



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2006

CONNECTICUT SCHOOL OF BROADCASTING DAVIE, LLC  
3450 NORTHLAKE BLVD., SUITE 110  
PALM BEACH GARDENS, FL 33403

Subject: CONNECTICUT SCHOOL OF BROADCASTING DAVIE, LLC

Reference Number: 103000033140

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$5.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

There is a balance due of \$45.00.

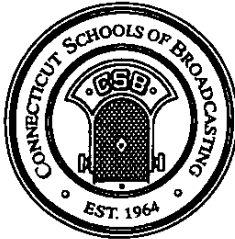
The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE  
ANNUAL REPORTS SECTION

Attachment  
20014393  
#LD3000033140



*Connecticut School of Broadcasting Palm Beach Gardens, LLC*

3450 Northlake Blvd, Suite 110

Palm Beach Gardens, FL 33403

1-800-TV-RADIO

(561) 842-2000

[Bethabelle10@aol.com](mailto:Bethabelle10@aol.com)

**(561) 775-8390 ( fax)**

Date: Mach 6<sup>TH</sup> , 2006

To: **Division of Corporations**

From: *Beth Hennessy*

Re: Balance payments for Annual Reports

Enclosed are our checks to cover the balance on our Annual Reports for the following:

- ★ Connecticut School of Broadcasting Davie. LLC
- ★ Connecticut School of Broadcasting Orlando. LLC
- ★ Connecticut School of Broadcasting Tampa. LLC
- ★ Connecticut School of Broadcasting Palm Beach Gardens . LLC
- ★ Nikko Productions

