


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-24-2006 90041 002 *****5.00
03-09-2006 90003 011 *****45.00

20014390



DOCUMENT # L03000033142					
1. Entity Name CONNECTICUT SCHOOL OF BROADCASTING PALM BEACH GARDENS, LLC					
Principal Place of Business 3450 NORTHLAKE BLVD., SUITE 110 PALM BEACH GARDENS, FL 33403			Mailing Address 3450 NORTHLAKE BLVD., SUITE 110 PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0735220	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BANNER, DAVID 3450 NORTHLAKE BLVD., SUITE 110 PALM BEACH GARDENS, FL 33403			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	
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 508, Florida Statutes.					
SIGNATURE: <u>DAVID BANNER</u> C.O.O. 3-6-06 561-842-2000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					



ATTACHMENT
20014390

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

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

Subject: ~~CONNECTICUT SCHOOL OF BROADCASTING PALM BEACH~~

Reference Number: **L03000033142**

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.

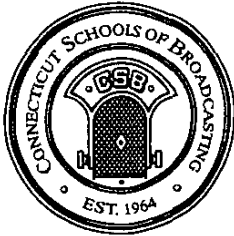
There is a balance due of \$45.00.

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

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L03000033142

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

(561) 775-8390 (fax)

Date: Mach 6TH , 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

