

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045457

Entity Name: D.P. CABLE, LLC

FILED  
May 31, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 916332  
LONGWOOD, FL 32791 US

## New Principal Place of Business:

1729 CAMBRIDGE VILLAGE COURT  
OCOE, FL 32761 US

## Current Mailing Address:

P.O. BOX 916332  
LONGWOOD, FL 32791 US

## New Mailing Address:

1729 CAMBRIDGE VILLAGE COURT  
OCOE, FL 32761 US

FEI Number: 20-0417269      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PROHORENKOV, DMITRIJS  
1729 CAMBRIDGE VILLAGE COURT  
OCOE, FL 32761 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PROHORENKOV, DMITRIJS  
Address: 1729 CAMBRIDGE VILLAGE COURT  
City-St-Zip: OCOE, FL 32761 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DMITRIJS PROHORENKOV

MGR

05/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date