

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000046186

Entity Name: M & N CABLE SERVICES, LLC

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

5639 BRECKENRIDGE CIRCLE  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

5639 BRECKENRIDGE CIRCLE  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 20-0418591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEAL, MARIA N  
5639 BRECKENRIDGE CIRCLE  
ORLANDO, FL 32818 US

**Name and Address of New Registered Agent:**

NIXON, MARIA A  
5639 BRECKENRIDGE CIRCLE  
ORLANDO, FL 32818 US

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: MARIA A NIXON

04/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NEAL, MARIA N  
Address: 5639 BRECKENRIDGE CIRCLE  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NIXON, MARIA A  
Address: 5639 BRECKENRIDGE CIRCLE  
City-St-Zip: ORLANDO, FL 32818

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: MARIA A NIXON

MGRM

04/19/2006

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