


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90080 046 ***150.00

DOCUMENT # L04000000120 1. Entity Name DANIEL DEIBOLD CABLE LLC																													
Principal Place of Business 1529 ANTILLES TERRACE DELTONA, FL 32725			Mailing Address 1529 ANTILLES TERRACE DELTONA, FL 32725																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 26-0077088			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required																										
6. Name and Address of Current Registered Agent DEIBOLD, DANIEL 1529 ANTILLES TERRACE DELTONA, FL 32725			7. Name and Address of New Registered Agent Name Joy Fotheringham Street Address (P.O. Box Numbers Not Acceptable) Bookkeeping & Tax Services 226 McIntosh Rd City Ormond Beach FL Zip Code 32174																										
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 <i>Joy Fotheringham</i> (NOTE: Registered Agent signature required when reinstating) DATE 02/27/05																													
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEIBOLD, DANIEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1529 ANTILLES TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELTONA, FL 32725</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	DEIBOLD, DANIEL		STREET ADDRESS	1529 ANTILLES TERRACE		CITY-ST-ZIP	DELTONA, FL 32725		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																													
SIGNATURE: <i>Daniel A. Deibold</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3-4-05 Daytime Phone # 386-789-3723																										