

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90092 040 \*\*\*\*50.00

20004461



<b>DOCUMENT # L04000042922</b> 1. Entity Name <b>BROADSCOPE ENTERPRISES, LLC</b>					
Principal Place of Business <b>1690 JAMES CANNON ROAD PERRY, FL 32347</b>			Mailing Address <b>1690 JAMES CANNON ROAD PERRY, FL 32347</b>		
2. Principal Place of Business <b>4227 Ruth Cannon Ln.</b> Suite, Apt. #, etc. <b>Perry, FL</b>		3. Mailing Address <b>4227 Ruth Cannon Ln.</b> Suite, Apt. #, etc. <b>Perry, FL</b>		01052006    Chg-LLC    CR2E083 (11/05)	
City & State <b>Perry, FL</b>		City & State <b>Perry, FL</b>		4. FEI Number <b>20-1240086</b>	
Zip <b>32347</b>		Country <b>Taylor</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARCHER, TIM 1690 JAMES CANNON ROAD PERRY, FL 32347</b>				7. Name and Address of New Registered Agent  Name <b>Tim Archer</b> Street Address (P.O. Box Number is Not Acceptable) <b>4227 Ruth Cannon Ln.</b> City <b>Perry</b> <b>FL</b> Zip Code <b>32347</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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<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	MGRM ARCHER, TIM 1690 JAMES CANNON ROAD PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tim Archer 4227 Ruth Cannon Ln Perry FL 32347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCHER, ANGELA 1690 JAMES CANNON ROAD PERRY, FL 32347	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Angela Archer 4227 Ruth Cannon Ln Perry FL 32347	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>SIGNATURE:</b> <u>Angela Archer</u> <u>Angela Archer</u> <u>1/5/06</u> <u>850 584 4204</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					