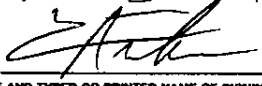


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000042922 1. Entity Name BROADSCOPE ENTERPRISES, LLC		
Principal Place of Business 4227 RUTH CANNON LN PERRY, FL 32347	Mailing Address 4227 RUTH CANNON LN PERRY, FL 32347	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARCHER, TIM 4227 RUTH CANNON LN PERRY, FL 32347		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
U000000908200 05/05/08-80020-013 138.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCHER, TIM 4227 RUTH CANNON LN PERRY, FL 32347	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCHER, ANGELA 4227 RUTH CANNON LN PERRY, FL 32347	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		
Date <u>1/16/08</u> Daytime Phone # <u>850 5844204</u>		