

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90018 027 ****50.00

20028474



01242006No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 59-3787246 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DOCUMENT # L04000079015
 1. Entity Name
 TVN FINANCIAL SERVICES LLC



| | |
|--|--|
| Principal Place of Business 5524 MOSSY TOP WAY TALLAHASSEE, FL 32303 | Mailing Address 5524 MOSSY TOP WAY TALLAHASSEE, FL 32303 |
|--|--|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 NOVAK, THOMAS V SR.
 5524 MOSSY TOP WAY
 TALLAHASSEE, FL 32303

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR NOVAK, THOMAS V SR 5524 MOSSY TOP WAY TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MOY, WANOA 5524 MOSSY TOP WAY TALLAHASSEE, FL 32303 |
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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: *Thomas V Novak* **4/10/06** **850 536-3159**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #