

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


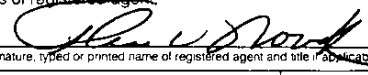
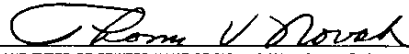
FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90315 010 ****50.00

60046311



01272007 Chg-LLC CR2E083 (12/06)

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	
2. Principal Place of Business - No P.O. Box # 1674 US Hwy 90 West Suite, Apt. #, etc.		3. Mailing Address 1674 US Hwy 90 West Suite, Apt. #, etc.	
City & State De Funiak Springs		City & State De Funiak Springs	
Zip 32433	Country WALTON	Zip 32433	Country WALTON
4. FEI Number 59-3787246		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 NOVAK, THOMAS V SR. 5524 MOSSY TOP WAY TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1674 US Hwy 90 West City De Funiak Springs FL Zip Code 32433	
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 		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NOVAK, THOMAS V SR 5524 MOSSY TOP WAY TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1674 US Hwy 90 West De Funiak Springs FL 32433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D WANDA MOY, WANDA 5524 MOSSY TOP WAY TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1674 US Hwy 90 West De Funiak Springs FL 32433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/30/07 Daytime Phone #: 850 536 3154	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			