

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021103

FILED
Jul 11, 2006
Secretary of State

Entity Name: RITE CABLE CONSTRUCTION LLC

Current Principal Place of Business:

2222 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 33134 US

New Principal Place of Business:

1195 NW 16TH AVE
SUITE 4
BOCA RATON, FL 33486 US

Current Mailing Address:

2222 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 33134 US

New Mailing Address:

1195 NW 16TH AVE
SUITE 4
BOCA RATON, FL 33486 US

FEI Number: 87-0742748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORGAN, JOLENE T
3232B S.E. DIXIE HIGHWAY
STUART, FL 34997 US

Name and Address of New Registered Agent:

HARRIS, BRUCE C
11988 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: BRUCE HARRIS

07/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVIN, WRIGHT
Address: 2222 PONCE DE LEON BOULEVARD, STE. 303
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALVIN, WRIGHT K
Address: 1195 NW 16TH AVE, SUITE 4
City-St-Zip: BOCA RATON, FL 33486 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALVIN WRIGHT

MGRM

07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date