2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022612

City-St-Zip:

Entity Name: RYAN LANES CABLE INSTALLATION, LLC

FILED Apr 29, 2006 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|--|--|--|--|
| 10465 S. PLEASAN INVERNESS, FL 34 | T GROVE | New I Illicipal I lace | or Business. | |
| Current Mailing Address: | | New Mailing Address: | | |
| 10465 S. PLEASAN INVERNESS, FL 34 | | | | |
| FEI Number: | FEI Number Applied For () | FEI Number Not Applicable (X) | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| LANE, RYAN 10465 S. PLEASAN INVERNESS, FL 34 | | LANE, RYAN 1162 N. LION CUB PO LECANTO, FL 34461 | | |
| The above named e | entity submits this statement for the place. | ourpose of changing its registere | d office or registered agent, or both | |
| SIGNATURE: | | | 04/29/2006 | |
| Ele | ectronic Signature of Registered Ag | ent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | | |
| Title: Name: Address: | () Delete | • | () Change (X) Addition N C OWNER ON CUB POINT | |

City-St-Zip:

LECANTO, FL 34461 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: RYAN LANE MR 04/29/2006