


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90175 023 ****50.00

DOCUMENT # L05000044220	
1. Entity Name SUNLINK BROADBAND, LLC	

Principal Place of Business C/O 201 E. KENNEDY BOULEVARD SUITE 600 TAMPA, FL 33602 US	Mailing Address C/O 201 E. KENNEDY BOULEVARD SUITE 600 TAMPA, FL 33602 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P O Box 272 550
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Tampa, FL 33688-2550
Zip	Country US



04282007 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-3913953		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 LASH, THOMAS A ESQ. 201 E. KENNEDY BOULEVARD SUITE 600 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

**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	MGRM ROBERTS, WILLIAM M C/O 201 E. KENNEDY BLVD., SUITE 600 TAMPA, FL 33602 <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
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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: *William M. Roberts* **4/28/07** **813 833 4398**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #