


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90193 014 ****50.00

DOCUMENT # L05000050666 1. Entity Name WOOLF CABLE TELEVISION SERVICE, LLC					
Principal Place of Business 4048 PENSURST PARK SARASOTA, FL 34235			Mailing Address 4048 PENSURST PARK SARASOTA, FL 34235		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. EEI Number 20-2873991	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MYERS, TROY H JR. 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237				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, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOLF, DR. ELLIS W 4048 PENSURST PARK SARASOTA, FL 34235	<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: <i>Troy H. Myers, Jr.</i> not Page					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 1/26/2006 Daytime Phone # 941-953-8110	

ATTACHMENT 20007613

**ICARD, MERRILL, CULLIS, TIMM
FUREN & GINSBURG, P.A.**

ATTORNEYS AND COUNSELORS

2033 MAIN STREET, SUITE 600

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TROY H. MYERS, JR.

E-Mail: tmyers@icardmerrill.com

REPLY TO:

P.O. BOX 4195

SARASOTA, FLORIDA 34230

January 30, 2006

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: 2006 Annual Reports Due May 1, 2006

Dear Sir/Madam:

Enclosed please find for filing LLC Annual Reports due May 1, 2006, without changes. Attached to each report is a check in the amount of \$50.00 to cover the filing fee.

Should you have any questions or comments concerning the foregoing, please do not hesitate to contact me.

Respectfully,

ICARD MERRILL CULLIS TIMM
FUREN & GINSBURG, P.A.



Mandy R. Facciolla
Legal Secretary to Troy H. Myers, Jr.

Enclosures /3/