

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068515

Entity Name: GVILLE.TV, LLC

FILED  
May 15, 2006  
Secretary of State

## Current Principal Place of Business:

13200 WEST NEWBERRY ROAD  
Q91  
NEWBERRY, FL 32669 US

## New Principal Place of Business:

PO BOX 140065  
GAINESVILLE, FL 32614 US

## Current Mailing Address:

13200 WEST NEWBERRY ROAD  
Q91  
NEWBERRY, FL 32669 US

## New Mailing Address:

PO BOX 140065  
GAINESVILLE, FL 32614 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
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:

MCCARTY, PHILIP J  
13200 WEST NEWBERRY ROAD  
Q91  
NEWBERRY, FL 32669 US

## Name and Address of New Registered Agent:

MCCARTY, PHILIP J  
1715 NW 113TH DRIVE  
GAINESVILLE, FL 32606 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: PHILIP JAMES MCCARTY

05/15/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MCCARTY, PHILIP J  
Address: 13200 WEST NEWBERRY ROAD  
City-St-Zip: NEWBERRY, FL 32669 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MCCARTY, PHILIP J  
Address: 1715 NW 113TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32606 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: PHILIP JAMES MCCARTY

MR.

05/15/2006

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