

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90139 042 ****50.00

DOCUMENT # L05000084739 1. Entity Name BROADCAST COURT, LLC					
Principal Place of Business 13227 PALMER CREEK TERRACE BRADENTON, FL 34202			Mailing Address 13227 PALMER CREEK TERRACE BRADENTON, FL 34202		
2. Principal Place of Business <i>13227 Palmers Creek</i>		3. Mailing Address <i>13227 Palmers Creek</i>			
Suite, Apt. #, etc. <i>TERRACE</i>		Suite, Apt. #, etc. <i>TERRACE</i>			
City & State <i>Bradenton, FL</i>		City & State <i>Bradenton, FL</i>		4. FEI Number <i>20-3398672</i>	
Zip <i>34202</i>		Country <i>Manatee</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, ANN S ESQ. 6151 LAKE OSPREY DRIVE, SUITE 312 SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name <i>R. Bruce Hughes</i> Street Address (P.O. Box Number is Not Acceptable) <i>13227 Palmers Creek Terrace</i> City <i>Bradenton</i> FL Zip Code <i>34202</i>	
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 <i>[Signature]</i> DATE <i>1-18-05</i> <small>Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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 HUGHES, R. BRUCE 13227 PALMER CREEK TERRACE BRADENTON, FL 34202	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>1-19-05</i> Daytime Phone #		

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