

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093052

Entity Name: BROADBANDCTI, LLC

FILED  
Jan 23, 2008  
Secretary of State

## Current Principal Place of Business:

1021 OAK STREET  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

1021 OAK STREET  
JACKSONVILLE, FL 32204

## New Mailing Address:

FEI Number: 20-3502314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORTGAGE ADVISORS, INC.  
1021 OAK STREET  
JACKSONVILLE, FL 32204 US

## Name and Address of New Registered Agent:

SANTA ROSA ISLAND COMPANY, INC.  
1021 OAK STREET  
JACKSONVILLE, FL 32204 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: DAVID K SURFACE

01/23/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SURFACE, DAVID K  
Address: 1021 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM (X) Delete  
Name: ARMSTRONG, DANIEL P  
Address: 1021 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SANTA ROSA ISLAND CO, MPANY, INC.  
Address: 1021 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID K SURFACE

MGR

01/23/2008

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