

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095765

FILED
Apr 25, 2006
Secretary of State

Entity Name: BOOMERANG BY BROADNET FLORIDA DIVISION, LLC

Current Principal Place of Business:

7345 W. SAND LAKE ROAD
SUITE 227
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7345 W. SAND LAKE ROAD
SUITE 227
ORLANDO, FL 32819 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GARZA, RAMIRO
7345 W. SAND LAKE ROAD
SUITE 227
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARZA, RAMIRO
Address: 10406 EAST PARK LAKE DRIVE
City-St-Zip: ORLANDO, FL 32832 US

Title: MGRM () Delete
Name: NAJERA, SALVADOR
Address: 10566 EAST PARK WOODS DRIVE
City-St-Zip: ORLANDO, FL 32832 US

Title: MGRM () Delete
Name: HEATH, DARREN
Address: 13492 SUNKISS LOOP
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES:

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

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

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

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: RAMIRO GARZA

MGRM

04/25/2006

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