

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108400

Entity Name: C&E CABLE LLC

FILED
Apr 20, 2006
Secretary of State

Current Principal Place of Business:

2651 UNIVERSITY BLVD NORTH
APT # 6111
JACKSONVILLE, FL 32211 US

Current Mailing Address:

2651 UNIVERSITY BLVD NORTH
APT# 6111
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

2651 UNIVERSITY BLVD NORTH
APT # G111
JACKSONVILLE, FL 32211 US

New Mailing Address:

2651 UNIVERSITY BLVD NORTH
APT# G111
JACKSONVILLE, FL 32211 US

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

Name and Address of Current Registered Agent:

LACZKOWSKI, FRANK T JR
2651 UNIVERSITY BLVD NORTH
APT# 6111
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

LACZKOWSKI, FRANK T JR
2651 UNIVERSITY BLVD NORTH
APT# G111
JACKSONVILLE, FL 32211 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:

04/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LACZKOWSKI, FRANK T JR
Address: 2651 UNIVERSITY BLVD NORTH APT#6111
City-St-Zip: JACKSONVILLE, FL 32211 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LACZKOWSKI, FRANK T JR
Address: 2651 UNIVERSITY BLVD NORTH APT#G111
City-St-Zip: JACKSONVILLE, FL 32211 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: FRANK T LACZKOWSKI JR

MGR

04/20/2006

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