

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017030

Entity Name: ZEUS COMMUNICATIONS SOUTH, LLC

FILED  
Jan 15, 2007  
Secretary of State

## Current Principal Place of Business:

17981 SE 83RD MELODY AVENUE  
THE VILLAGES, FL 32162

## New Principal Place of Business:

17953 SE 88TH. CASCADE COURT  
THE VILLAGES, FL 32162

## Current Mailing Address:

499 BEAVER CREEK  
SHELBURNE, VT 05482

## New Mailing Address:

FEI Number: 20-4336199

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLODGETT, M. ELAINE  
17981 SE 83RD MELODY AVENUE  
THE VILLAGES, FL 32162 US

## Name and Address of New Registered Agent:

BLODGETT, M. ELAINE  
17953 SE 88TH. CASCADE COURT  
THE VILLAGES, FL 32162 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: M. ELAINE BLODGETT

01/15/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MS. ( ) Change (X) Addition  
Name: BLODGETT, M. ELAINE  
Address: 499 BEAVER CREEK  
City-St-Zip: SHELBURNE, VT 05482

Title: MR. ( ) Change (X) Addition  
Name: BLODGETT, KEITH N  
Address: 17953 SE 88TH. CASCADE COURT  
City-St-Zip: THE VILLAGES, FL 32162

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: M. ELAINE BLODGETT

MS.

01/15/2007

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