


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90127 007 \*\*\*138.75

<b>DOCUMENT # L07000057878</b> 1. Entity Name <b>VISION CABLE OF FLORIDA, LLC</b>					
Principal Place of Business <b>62 NEVER BEND DRIVE OCALA, FL 34482</b>			Mailing Address <b>62 NEVER BEND DRIVE OCALA, FL 34482</b>		
2. Principal Place of Business - No P.O. Box # <b>17985 SW 64th Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>17985 SW 64th Place</b> Suite, Apt. #, etc.			
City & State <b>Dunnellon, FL</b> Zip <b>34432</b>		City & State <b>Dunnellon, FL</b> Zip <b>34432</b>		4. FEI Number <b>26-0310212</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KINKE, JEFFREY C 62 NEVER BEND DRIVE OCALA, FL 34482</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FINKE, JEFFREY C 62 NEVER BEND DRIVE OCALA, FL 34482</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> _____ <b>1/12/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					