

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036137

FILED
Jan 29, 2009
Secretary of State

Entity Name: CABLEWAY MANAGEMENT LLC

Current Principal Place of Business:

8615 FLORIDA ROCK ROAD
ORLANDO, FL 32825

New Principal Place of Business:

8615 FLORIDA ROCK ROAD
ORLANDO, FL 32824

Current Mailing Address:

8615 FLORIDA ROCK ROAD
ORLANDO, FL 32825

New Mailing Address:

8615 FLORIDA ROCK ROAD
ORLANDO, FL 32824

FEI Number: 26-2373165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFMANN, MATTHIAS
8615 FLORIDA ROCK ROAD
ORLANDO, FL 32824 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: MGR () Delete
Name: PILECKY, JAKUB
Address: 1220 COURTNEY CHASE CIRCLE #1122
City-St-Zip: ORLANDO, FL 32837

Title: MGR () Delete
Name: SHAW, CRYSTAL
Address: 1101 PINE SAP CT
City-St-Zip: ORLANDO, FL 32825

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

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: HOFMANN, MATTHIAS
Address: 8615 FLORIDA ROCK ROAD
City-St-Zip: ORLANDO, FL 32824

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: MATTHIAS HOFMANN

MGRM

01/29/2009

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