


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90319 037 \*\*\*\*50.00

**DOCUMENT # L99000004970**

1. Entity Name  
**CABLEVISION AIR FACILITY, LLC**



Principal Place of Business <b>ONE CABLEVISION CENTER LIBERTY, NY 12754</b>	Mailing Address <b>P.O. BOX 311 LIBERTY, NY 12754</b>
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**60046738**



02072007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
 9200 SOUTH DADELAND BLVD  
 SUITE 508  
 MIAMI, FL 33156**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GRANITE ASSOCIATES, L.P. ONE CABLEVISION CENTER LIBERTY, NY 12754</b>
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**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** *Louis J. Boyd* **Louis J. Boyd - Director of Taxation 4/25/07** **815-295-2770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #