

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000001062 1. Entity Name TELCOVE INVESTMENT, LLC					
Principal Place of Business 712 NORTH MAIN ST. COUDERSPORT, PA 16915			Mailing Address 712 NORTH MAIN ST. COUDERSPORT, PA 16915		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 25-1862408				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADELPHIA BUSINESS SOLUTIONS OPERATIONS INC 1 NORTH MAIN STREET COUDERSPORT, PA 16915 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TelCove Operations, Inc. 712 N. main Street Coudersport, PA 16915 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ James MEANS Date _____ Daytime Phone # 724-743-9450					

FILED

05 JAN 26 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

M00000001062

ACCOUNT NO. : 072100000032

REFERENCE : 161979 5165606

AUTHORIZATION :

COST LIMIT :

\$ 50.00

ORDER DATE : January 24, 2005

ORDER TIME : 10:12 AM

ORDER NO. : 161979-025

CUSTOMER NO: 5165606

CUSTOMER: Julie Mason
Telcove
121 Champion Way

Canonsburg, PA 15317

FILED
05 JAN 26 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: TELCOVE INVESTMENT, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____

RECEIVED
05 JAN 26 AM 10:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA