2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90347 047 ****50.00

DOCUMENT # M00000001062

1. Entity Name
TELCOVE INVESTMENT, LLC

40098072

04232007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
712 NORTH MAIN ST. COUDERSPORT, PA 16915	712 NORTH MAIN ST. COUDERSPORT, PA 16915

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1025 Eldorado Blvd.	1025 Eldorado Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Broomfield, CO	City & State: Broomfield, CO 80021
Zip: 80021 Country:	Zip: Country:

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TELCOVE OPERATIONS, INC. 712 NORTH MAIN ST. COUDERSPORT, PA 16915 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1025 Eldorado Blvd. Broomfield, CO 80021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] Neil J. Eckstein SVP, Asst Secy of Mgm TelCove Operations, Inc. 4/27/07 720-888-1000

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