

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	

Principal Place of Business 712 NORTH MAIN ST. COUDERSPORT, PA 16915	Mailing Address 712 NORTH MAIN ST. COUDERSPORT, PA 16915
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2. Principal Place of Business - No P.O. Box # 1025 Eldorado Blvd. Suite, Apt. #, etc.	3. Mailing Address 1025 Eldorado Blvd. Suite, Apt. #, etc.
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City & State Broomfield, CO Zip 80021 Country	City & State Broomfield, CO 80021 Zip Country
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40098072



04232007 Chg-LLC CR2E083 (12/06)

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
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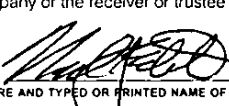
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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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	1025 Eldorado Blvd. Broomfield, CO 80021 ☒ 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
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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 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:  **Neil J. Eckstein SR, Asst Secy. of Mgrm Telcove Operations, Inc.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date 4/27/07 **Daytime Phone #** 720-888-1000