

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002270	
1. Entity Name TELCOVE INVESTMENT EAST, LLC	



**FILED**  
05 JAN 26 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 712 NORTH MAIN STREET COUDERSPORT, PA 16915	Mailing Address 712 NORTH MAIN STREET COUDERSPORT, PA 16915
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01172005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 25-1895664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

*[Signature]*

**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTH, ROBERT 121 CHAMPION WAY CANONSBURG, PA 15317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEANS, JAMES 121 CHAMPION WAY CANONSBURG, PA 15317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BABCOCK, EDWARD 712 NORTH MAIN STREET COUDERSPORT, PA 16915
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200045442412

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* 724-743-9430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE *James Means* Date *5/1/05* Daytime Phone *724-743-9430*



CORPORATION SERVICE COMPANY

MOI 000002270

ACCOUNT NO. : 072100000032  
REFERENCE : 161979 5165606  
AUTHORIZATION : *Patricia Piquito*  
COST LIMIT : \$ 50.00

ORDER DATE : January 24, 2005

ORDER TIME : 10:10 AM

ORDER NO. : 161979-020

CUSTOMER NO: 5165606

CUSTOMER: Julie Mason  
Telcove  
121 Champion Way  
Canonsburg, PA 15317

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: TELCOVE INVESTMENT EAST, LLC

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

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: \_\_\_\_\_