Ć 2005 LIMITED LIABILITY COMPANY → ANNUAL REPORT

DOCUMENT # M01000002270

1. Entity Name

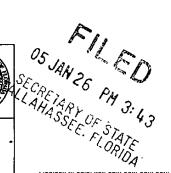
TELCOVE INVESTMENT EAST, LLC

Principal Place of Business

Mailing Address

712 NORTH MAIN STREET COUDERSPORT, PA 16915

712 NORTH MAIN STREET COUDERSPORT, PA 16915





01172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 25-1895664 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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



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.

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, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GUTH, ROBERT
STREET ADDRESS	121 CHAMPION WAY
CITY-ST-ZIP	CANONSBURG, PA 15317
TITLE	MGRM
NAME	MEANS, JAMES
STREET ADDRESS	121 CHAMPION WAY
CITY-ST-ZIP	CANONSBURG, PA 15317
TITLE	MGRM
NAME	BABCOK, EDWARD
STREET ADDRESS	712 NORTH MAIN STREET
CITY+ST-ZIP	COUDERSPORT, PA 16915
THTLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY+ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-7IP	

200045442412

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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:

Aru-

724-743-9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE TAMES Me ADAM

Daytime Phone #

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Δ	cc	דוראי	NT	NO.	

072100000032

REFERENCE

161979

AUTHORIZATION

COST LIMIT

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

ANNUAL REPORT FILING

NAME:

TELCOVE INVESTMENT EAST, LLC

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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: