


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000002973	
1. Entity Name POLE MAINTENANCE COMPANY, LLC.	

Principal Place of Business 4307 23RD ST. COLUMBUS, NE 68601	Mailing Address PO BOX 707 COLUMBUS, NE 68601
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0020077	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

BUSINESS FILINGS INCORPORATED  
 1203 GOVERNORS SQUARE BLVD  
 SUITE 101  
 TALLAHASSEE, FL 32301-2960

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABBOTT, WILLIAM 4307 23RD ST. COLUMBUS, NE 68601
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 05/19/06-80059-021 50.00

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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: *W Abbott* Date: 4/27/06 Daytime Phone #: 702-563-2663  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE