

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000301

FILED
Feb 28, 2008
Secretary of State

Entity Name: LAMBERTS CABLE SPLICING COMPANY, LLC

Current Principal Place of Business:

2521 SOUTH WESLEYAN BLVD.
ROCKY MOUNT, NC 27803

New Principal Place of Business:

Current Mailing Address:

11770 U.S. HIGHWAY 1
SUITE 101
PALM BEACH GARDENS, FL 33408

New Mailing Address:

FEI Number: 05-0542669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEVEN, NIELSEN
Address: 11770 U.S. HIGHWAY 1, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: MGR () Delete
Name: RICHARD, DUNN L
Address: 11770 U.S. HIGHWAY 1, SUITE 101
City-St-Zip: PALM BEACH GARDENS, FL 33408

Title: MGR () Delete
Name: THOMAS, LAMBERT L
Address: 2521 SOUTH WESLEYAN BLVD.
City-St-Zip: ROCKY MOUNT, NC 27803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD L. DUNN

MGR

02/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date