
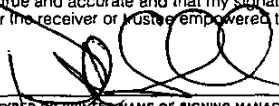


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90071 011 ****50.00

DOCUMENT # M03000004148					
1. Entity Name JAMES CABLE, LLC					
Principal Place of Business 17774 NW US HIGHWAY HIGH SPRINGS, FL 32643			Mailing Address 38710 WOODWARD AVENUE, SUITE 180 BLOOMFIELD HILLS, MI 48304		
2. Principal Place of Business		3. Mailing Address 910 Tower Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 310			
City & State		City & State TROY, MI			
Zip		Country		Zip 48098	
				Country USA	
4. FEI Number 38-2778219				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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JAMES CABLE HOLDINGS, LLC 910 Tower 38710 WOODWARD AVENUE, SUITE 180 Ste 310 BLOOMFIELD HILLS, MI 48304 Troy, MI, 48098			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date: 7-18-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					