2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000001381

1. Entity Name
ATLANTIC BROADBAND FINANCE, LLC

Principal Place of Business	Mailing Address
ONE BATTERYMARCH PARK, SUITE 405 QUINCY, MA 02169	ONE BATTERYMARCH PARK, SUITE 405 QUINCY, MA 02169

DO NOT WRITE IN THIS SPACE

03172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0226936
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GROSSMAN, JAY
STREET ADDRESS	111 HUNTINGTON AVE., 30TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02199
TITLE	MGR
NAME	HUNT, JOHN
STREET ADDRESS	111 HUNTINGTON AVE., 30TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02199
TITLE	MGR
NAME	BATTAGLIA, BLAKE
STREET ADDRESS	111 HUNTINGTON AVE., 30TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02199
TITLE	MGR
NAME	KEEFE, DAVID
STREET ADDRESS	ONE BATTERYMARCH PARK, SUITE 405
CITY-ST-ZIP	QUINCY, MA 02169
TITLE	MGR
NAME	HOLLERAN, EDWARD
STREET ADDRESS	ONE BATTERYMARCH PARK, SUITE 405
CITY-ST-ZIP	QUINCY, MA 02169
TITLE	MGR
NAME	DIESBACH, BENJAMIN J
STREET ADDRESS	ONE BATTERYMARCH PARK, SUITE 405
CITY-ST-ZIP	QUINCY, MA 02169

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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 605, Florida Statutes.

SIGNATURE: _____ 3/17/06 617 786-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #