



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2006 8:00 am
Secretary of State

08-10-2006 90041 014 ****50.00

DOCUMENT # M05000001863					
1. Entity Name BROADBAND MANAGEMENT SOLUTIONS, LLC					
Principal Place of Business 5673 GILBALTAR SUITE 100 PLEASANTON, CA 94588-			Mailing Address 5673 GILBALTAR SUITE 100 PLEASANTON, CA 94588-		
2. Principal Place of Business 1825 NW 167th Place		3. Mailing Address 1825 NW 167th Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Beaverton, OR		City & State Beaverton, OR			
Zip 97006		Country USA		4. FEI Number 25-1891946	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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)					
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	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POHL, MICHAEL J		NAME		
STREET ADDRESS	1825 NW 167TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	BEAVERTON, OR 97006		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENGERMAN, DOUGLAS W		NAME		
STREET ADDRESS	1825 NW 167TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	BEAVERTON, OR 97006		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTENSEN, KYLE R		NAME		
STREET ADDRESS	1825 NW 167TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	BEAVERTON, OR 97006		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANELLY, WILLIAM		NAME		
STREET ADDRESS	60 DECIBEL ROAD		STREET ADDRESS		
CITY-ST-ZIP	STATE COLLEGE, PA 16801		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUAH, JANG E		NAME	HAUH, JANG	
STREET ADDRESS	5673 GILBALTAR SUITE 100		STREET ADDRESS	1825 NW 167th Place	
CITY-ST-ZIP	PLEASANTON, CA 94588		CITY-ST-ZIP	Beaverton, OR 97006	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAVACKY, JOSEPH E		NAME		
STREET ADDRESS	60 DECIBEL ROAD		STREET ADDRESS		
CITY-ST-ZIP	STATE COLLEGE, PA 16801		CITY-ST-ZIP		
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: _____			7/26/06 503-625-5088		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					