


FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90048 001 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M05000001863 1. Entity Name BROADBAND MANAGEMENT SOLUTIONS, LLC	
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Principal Place of Business 1825 NW 167TH PLACE BEAVERTON, OR 97006	Mailing Address 1825 NW 167TH PLACE BEAVERTON, OR 97006
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60001500



01032008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1891946	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	POHL, MICHAEL J
STREET ADDRESS	1825 NW 167TH PLACE
CITY- ST- ZIP	BEAVERTON, OR 97006
TITLE	MGR
NAME	HANELLY, WILLIAM
STREET ADDRESS	60 DECIBEL ROAD
CITY- ST- ZIP	STATE COLLEGE, PA 16801
TITLE	MGR
NAME	HUAH, JANG E
STREET ADDRESS	1825 NW 167TH PLACE
CITY- ST- ZIP	BEAVERTON, OR 97006
TITLE	MGR
NAME	ZAVACKY, JOSEPH E
STREET ADDRESS	60 DECIBEL ROAD
CITY- ST- ZIP	STATE COLLEGE, PA 16801
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-3-08

Date

814-231-4448

Daytime Phone #