## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000001863

Entity Name: BROADBAND MANAGEMENT SOLUTIONS, LLC

FILED Feb 19, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1825 NW <sup>-</sup>	167TH PLACE ON, OR 9700						
Current Mailing Address:				New Mailing Address:			
1825 NW 167TH PLACE BEAVERTON, OR 97006				3871 LAKEFIELD DRIVE SUWANEE, GA 30024			
FEI Number:	: 25-1891946	FEI Number Applied For()	FEI Nur	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US				CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US			
	named entity s e of Florida.	submits this statement for the p	ourpose o	f changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE: LYNN CANNELONGO				02/19/2009			
	Electror	ic Signature of Registered Age	ent			Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGR ( ) POHL, MICHAE 1825 NW 167T BEAVERTON, G	H PLACE		Title: Name: Address: City-St-Zip:	3871 LAKE	(X) Change ( ) Addition STANZIONE J FIELD DRIVE , GA 30024	
Title: Name: Address: City-St-Zip:	MGR ( ) HUAH, JANG E 1825 NW 167T BEAVERTON, (			Title: Name: Address: City-St-Zip:	3871 LAKE	(X) Change ( ) Addition E, MARGOLIS A FIELD DRIVE , GA 30024	
Title: Name: Address: City-St-Zip:	MGR ( ) ZAVACKY, JOS 60 DECIBEL R STATE COLLEC	DAD		Title: Name: Address: City-St-Zip:		(X) Change()Addition TTS B :FIELD DRIVE , GA 30024	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition RACI FIELD DRIVE , GA 30024	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zin:		() Change (X) Addition SHARP B FFIELD DRIVE GA 30024	

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: CLAYTON B SHARP AS 02/19/2009