

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90255 001 \*\*\*\*50.00

DOCUMENT # L01000006237

1. Entity Name  
 NET CONNECTIONS L.L.C.



Principal Place of Business  
 6700 CONROY-WINDERMERE ROAD  
 SUITE 250  
 ORLANDO, FL 32835

Mailing Address  
 6700 CONROY-WINDERMERE ROAD  
 SUITE 250  
 ORLANDO, FL 32835

60048000



2. Principal Place of Business - No P.O. Box #  
 3197 W. W. Myrtle Ct  
 Suite, Apt. #, etc.

3. Mailing Address  
 PO Box 618500  
 Suite, Apt. #, etc.

05012007 Chg-LLC CR2E083 (12/06)

City & State  
 Kissimmee FL

City & State  
 Orlando FL

Zip  
 34744 Country

Zip  
 32861 Country

4. FEI Number  
 59-3715164

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BUNNER, WILLIAM J  
 4849 WALDEN CIRCLE  
 ORLANDO, FL 32811

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3197 W. W. Myrtle Ct  
 City Kissimmee FL Zip Code 34744

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 *William Jay Bunner* William Jay Bunner DATE 4/13/07

Filing Fee is \$50.00  
 Due by May 1, 2007

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUNNER, WILLIAM J 4849 WALDEN CIRCLE ORLANDO, FL 32811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SORG, ERIC A 6700 CONROY WINDERMERE ROAD, SUITE 250 ORLANDO, FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 618500 Orlando FL 32861	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 618500 Orlando FL 32861	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *William Jay Bunner* William Jay Bunner DATE 4/13/07 407-484-1417