2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State
05-03-2004 90123 047 ****50.00

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1. Entity Name
STARBRIDGE NETWORKS, LLC

Principal Place of Business	Mailing Address
1792 BELL TOWER LANE FORT LAUDERDALE, FL 33326 US	1792 BELL TOWER LANE FORT LAUDERDALE, FL 33326 US

04062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3265 MERIDIAN PKWY	3265 MERIDIAN PKWY
Suite, Apt. #, etc. SUITE 134	Suite, Apt. #, etc. SUITE 134
City & State WESTON, FLORIDA	City & State WESTON, FLORIDA
Zip / Country 33331 / USA	Zip / Country 33331 / USA

4. FEI Number 58-2668961 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KNEEN, JEFFREY D 1400 CENTREPARK BOULEVARD SUITE 1000 WEST PALM BEACH, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ 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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAVIES, FRANK 1792 BELL TOWER LANE FORT LAUDERDALE, FL 33401	☒ Delete	MGR DIAZ, ENRIQUE 3265 MERIDIAN PARKWAY, STE. 134 WESTON, FLORIDA 33331	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _____ 4/28/04 954.334.1390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #