2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 07, 2004 8:00 am Secretary of State

					_	04-20-2	004 901	85 022 *	'***55.00
DOCUMENT # L03000041120 1. Entity Name NETWORK SUPPLIERS, LLC						0.202			
Principal Plac	e of Business	Mailing Address			1			^	
5703 REDBUG LAKE ROAD, SUITE 416 WINTER SPRINGS, FL 32708		5703 REDBUG LAKE ROAD, SUITE 416 WINTER SPRINGS, FL 32708		34005450					
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142004	Chg-LLC	CŘ2E08	3 (10/03)		
City & State		City & State		4. FEI Number 20 - 0.	37 <u>0</u> 237		No	plied For Applicable	
Zip Country		Zip	Coun	itry	5. Certificate o	of Status Desired		55.00 Addi ee Required	
·	6. Name and Address of Current	Reclatered Agent	Ц	r	7. Name and /	Address of New Dr			·
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
- SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.			Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOOR MIAMI, FL 33145									
ļ				City			FL	Zip Code	•
8: The above	anamed entity submits this statement for	x the purpose of changing it	s register	ed office or registe	red agent, or both	n, in the State of Ro	rida. I am fa	emiliar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signeture require	d when reinstabno)		DATE		 ·
 -						,			-
F	iling Fee is \$50.00 ue by May 1, 2004				[check pa		
D	ue by May 1, 2004				4.	Florida	Departme	ent of State). `
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS/	CHANGES	· · · · · · · · · · · · · · · · · · ·	
TITLE	MGR .	☐ Delete	titu	- (Change	Addition
NAME CIDETI ADDOESS	PROPSTER, MITCHELL A	NTC 416	NAM	•			•		
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	WINTER SPRINGS, FL 32708	<u> </u>		/-ST-ZIP · ·					
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NAME			NAM	Æ		:	;		
STREET ADDRESS				EET ADORESS			1 . S g		
CITY-ST-ZIP				Y-ST-ZIP			<u>' </u>	Chan	Addition
TITLE NAME		☐ Delete	TITL NAA	1		:		☐ Change	☐ Wacitat
STREET ADDRESS	•			EET ADDRESS			7,		j
r				ľ					
C/TY-ST-ZIP			un	Y-ST-ZIP					
	certify that the information supplied with	h this filing does not qualify f			ection 119.07(3)(i), Florida Statutes, I	further cert	ify that the in	nformation
11. I hereby indicated	cartify that the information supplied wit don this report is true and accurate and ability company or the receiver or truste	h this filing does not qualify f d that my signature shall have e egopowered to execute thi	or the exe	emption stated in S se legal effect as if i	ection 119.07(3)(i made under oath: pter 608, Florida S), Florida Statutes, I that I am a manag Itatutes.	further cert	ify that the ir	niormation or of the