2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 APR 19 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900097602099

DOCUMENT # M99000000985

1. Entity Name
FLORIDA NETWORK LLC

Principal Place of Business	Mailing Address
4190 BELFORT RD., SUITE 475 JACKSONVILLE, FL 32216	4190 BELFORT RD., SUITE 475 JACKSONVILLE, FL 32216

K

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. BK
City & State	City & State
Zip / Country	Zip / Country

04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3584700 ☐ 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
F & L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202	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, 2007

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SHERRER, LINDA 4190 BELFORT RD., SUITE 475 JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP Christy Holland Budnick 4190 Belfort Rd., Ste. 475 Jacksonville, FL 32216-1406	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Donald Cline 375 Atlantic Blvd., Ste. 1 Atlantic Beach, FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP K. Amanda Dandy 1000 Sawgrass Village, #101 Ponte Vedra Beach, FL 32082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert L. Edge 2771-7 Monument Rd. Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP Carol A. Hill 4190 Belfort Rd., Ste. 475 Jacksonville, FL 32216-1406	☐ Change ☒ 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: Carol A. Hill Broker /SVP 4/13/07 904-296-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

M99000000985

Additional Officers/Directors of Florida Network, LLC

Annette Solomon Krestalude 11576 San Jose Blvd. Jacksonville, FL 32223	VP
Debbie Moura Da Silva-Mas 6120 San Jose Blvd. Jacksonville, FL 32223	VP
Cassandra Norris 3627 St. John's Avenue Jacksonville, FL 32205	VP
Sheron D. Willson 4190 Belfort Rd., Ste. 475 Jacksonville, FL 32216	VP
Barbara L. Sparks 14750 Beach Boulevard Unit #66 Jacksonville Beach, FL 32250	VP
Lelia M. Underwood 110 B Magnolia Street Neptune Beach, FL 32266	VP
Joan I. Sapia 1655 Selva Marina Drive Atlantic Beach, FL 32233	VP

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CSC.

CORPORATION SERVICE COMPANY

M99000000985

ACCOUNT NO. : 072100000032

REFERENCE : 858662 4329479

AUTHORIZATION

COST LIMIT : $ 55.00

ORDER DATE : April 19, 2007

ORDER TIME : 10:41 AM

ORDER NO. : 858662-005 BK

CUSTOMER NO: 4329479

ANNUAL REPORT FILING

NAME: FLORIDA NETWORK LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

RECEIVED
07 APR 19 PM 12:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CONTACT PERSON: Joyce Markley-EXT#2930

EXAMINER'S INITIALS: