2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# M99000000985

Entity Name: FLORIDA NETWORK LLC

Current Principal Place of Business:

4190 BELFORT RD., SUITE 475
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4190 BELFORT RD., SUITE 475
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3584700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	SHERRER, LINDA H	
Address:	4190 BELFORT RD., SUITE 475	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	VP	( ) Delete
Name:	HOLLAND BUDNICK, CHRIST	
Address:	4190 BELFORT RD., SUITE 475	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	VP	( ) Delete
Name:	HILL, CAROL ANNE	
Address:	4190 BELFORT RD., SUITE 475	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	VP	( ) Delete
Name:	CLINE, DONALD L	
Address:	4190 BELFORT RD., SUITE 475	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	VP	( ) Delete
Name:	MOURA DA SILVA-MAS, DEBBIE	
Address:	4190 BELFORT RD., SUITE 475	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	VP	( ) Delete
Name:	DANDY, AMANDA K	
Address:	4190 BELFORT RD., SUITE 475	
City-St-Zip:	JACKSONVILLE, FL 32216	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: LINDA H. SHERRER MGRM 02/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date