

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 90123 047 ****50.00

DOCUMENT # L03000016129					
1. Entity Name STARBRIDGE NETWORKS, LLC					
Principal Place of Business 1792 BELL TOWER LANE FORT LAUDERDALE, FL 33326 US			Mailing Address 1792 BELL TOWER LANE FORT LAUDERDALE, FL 33326 US		
2. Principal Place of Business 3265 MERIDIAN PKWY Suite, Apt. #, etc. SUITE 134		3. Mailing Address 3265 MERIDIAN PKWY Suite, Apt. #, etc. SUITE 134		34007758 	
City & State WESTON, FLORIDA		City & State WESTON, FLORIDA		4. FEI Number 04062004 Chg-LLC CR2E083 (10/03) 58-2668961	
Zip Country 33331 USA		Zip Country 33331 USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KNEEN, JEFFREY D 1400 CENTREPARK BOULEVARD SUITE 1000 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent 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, the registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when mandating) DATE _____					
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, ENRIQUE 3265 MERIDIAN PARKWAY, STE. 134 WESTON, FLORIDA 33331	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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:			Date: 4/28/04 Daytime Phone #: 954.334.1390 306.982.2632		