

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L03000013207 1. Entity Name <p style="font-size: 24pt; font-family: cursive;">Somnio Intermedia, LLC</p>			
Principal Place of Business 1302 CARDINAL RD. ORLANDO, FL 32803		Mailing Address 1302 CARDINAL RD. ORLANDO, FL 32803	
2. Principal Place of Business Winter Park		3. Mailing Address P.O. Box 4103	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Winter Park, FL	
Zip	Country	Zip 32793	Country Orange
6. Name and Address of Current Registered Agent BYRNE, MS. BONITA Beau 1302 CARDINAL RD. ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 06-1689854			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
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 <u>Beau (Bonita) Byrne</u> <u>Beau (Bonita) Byrne</u> <u>9/24/04</u> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BYRNE, MR. JAIME E 5761 GATLIN AVE. #522 ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M Mr. J. Byrne 1302 Cardinal Rd. Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>Jaime Byrne</u> Jaime Byrne		Date: <u>9/24/04</u> Daytime Phone #: <u>407-619-3132</u>	