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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90119 006 ****50.00

20053095

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016129

1. Entity Name
STARBRIDGE NETWORKS, LLC

Principal Place of Business	Mailing Address
3265 MERIDIAN PKWY STE 134 WESTON, FL 33331 US	3265 MERIDIAN PKWY STE 134 WESTON, FL 33331 US

04082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		2 S. Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.: Suite 3400	
City & State		City & State: Miami, Florida	
Zip	Country	Zip: 33131	Country: USA

4. FEI Number: 58-2668961 ☐ Applied For ☐ Not Applicable

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: Valdes-Fauli Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2 S. Biscayne Boulevard
Suite 3400
City: Miami FL Zip Code: 33131

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: [signature] Mark J. Scheer, President 4/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ, ENRIQUE 3265 MERIDIAN PARKWAY STE 134 WESTON, FL 33331	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Davies, Frank 3265 Meridian Parkway Ste 134 Weston, Florida 33331	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Frank Davies, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #