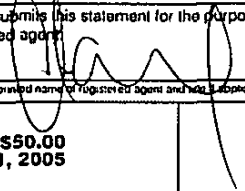
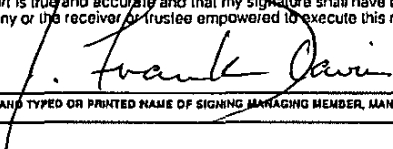


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90119 006 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

20053095

DOCUMENT # L03000016129			
1. Entity Name STARBRIDGE NETWORKS, LLC			
Principal Place of Business 3265 MERIDIAN PKWY STE 134 WESTON, FL 33331 US		Mailing Address 3265 MERIDIAN PKWY STE 134 WESTON, FL 33331 US	
2. Principal Place of Business		3. Mailing Address 2 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 3400 City & State Miami, Florida Zip 33131 Country USA	
4. FEI Number 58-2668961		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04082005 Chg-LLC CR2E083 (10/03)	
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, typed or printed name of registered agent and not applicable.		Mark J. Scheer, President 4/8/05 (NOTE: Registered Agent Signature required when remaining) 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Frank Davies, Manager Date Daytime Phone #	