2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000985

Entity Name: FLORIDA NETWORK LLC

2771-7 MONUMENT ROAD

JACKSONVILLE, FL 32225

JACKSONVILLE, FL 32216

HILL. CAROL A

() Delete

4190 BELFORT RD., SUITE 475

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Feb 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4190 BELFORT RD., SUITE 475 JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 4190 BELFORT RD., SUITE 475 JACKSONVILLE, FL 32216 FEI Number: 59-3584700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: F&LCORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SHERRER, LINDA Name: Name: 4190 BELFORT RD., SUITE 475 Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: Title: **EVP** (X) Change () Addition () Delete BUDNICK, CHRISTY H Name: BUDNICK, CHRISTY H Name: Address: 4190 BELFORT RD., SUITE 475 Address: 4190 BELFORT RD., SUITE 475 City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216 Title: () Delete Title: (X) Change () Addition CLINE, DONALD CLINE, DONALD Name: Name: Address: 375 ATLANTIC ABLVD., SUITE 1 Address: 375 ATLANTIC ABLVD., SUITE 1 City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: ATLANTIC BEACH, FL 32233 Title: () Delete Title: (X) Change () Addition Name: DANDY, K. AMANDA Name: DANDY, K. AMANDA 1000 SAWGRASS VILLAGE, #101 1000 SAWGRASS VILLAGE, #101 Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: (X) Delete Title: () Change () Addition EDGEY, ROBERT L Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

(X) Change () Addition

HILL, CAROL A

4190 BELFORT RD., SUITE 475

JACKSONVILLE, FL 32216

SIGNATURE: LINDA SHERRER MGR 02/11/2008