2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2012
Secretary of State

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Entity Name: FLORIDA NETWORK LLC

Current Principal Place of Business:

4190 BELFORT RD., SUITE 475
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4190 BELFORT RD., SUITE 475
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3584700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Title: PCEO
Name: SHERRER, LINDA H
Address: 4190 BELFORT RD., SUITE 475
City-St-Zip: JACKSONVILLE, FL 32216

Title: EVP
Name: HOLLAND BUDNICK, CHRISTY
Address: 4190 BELFORT RD., SUITE 475
City-St-Zip: JACKSONVILLE, FL 32216

Title: SVP
Name: HILL, CAROL ANNE
Address: 4190 BELFORT RD., SUITE 475
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: CLINE, DONALD L
Address: 4190 BELFORT RD., SUITE 475
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: DANDY, K. AMANDA
Address: 4190 BELFORT ROAD, SUITE 475
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP
Name: CHISHOLM STONEBACK, REBECCA
Address: 4190 BELFORT RD., SUITE 475
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 Statues.

SIGNATURE: LINDA H. SHERRER PCEO 02/24/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date