

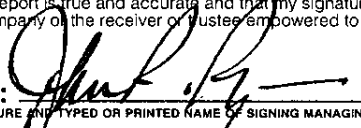


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90449 023 ****50.00

DOCUMENT # L00000000310					
1. Entity Name PEPEX.NET, LLC					
Principal Place of Business C/O MORRISON, BROWN, ARGIZ & COMPANY LLP 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131			Mailing Address C/O MORRISON, BROWN, ARGIZ & COMPANY LLP 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business C/O MORRISON BROWN ARGIZ & FARRA LLP		3. Mailing Address C/O MORRISON BROWN ARGIZ & FARRA LLP			
Suite, Apt. #, etc. 1001 BRICKELL BAY DRIVE 9th FL		Suite, Apt. #, etc. 1001 BRICKELL BAY DRIVE 9th FL		03292004 -Chg-LLC- --CR2E083 (10/03)	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 65-0975945	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FARRA, MIGUEL G 1001 BRICKELL BAY DRIVE NINTH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINOCCHI, ROBERTO 220 ALHAMBRA CIRCLE, STE 350 CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORIS V. MARCHEGIANI 1111 BRICKELL AVE #1136 MIAMI, FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILK, J. TIM 1001 MCKINNEY STREET, STE 1700 HOUSTON, TX	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERBERT I GOODMAN 16212 SH 249 HOUSTON, TX 77086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAMMER, J. TERRACE 800 SOUTH STREET WALTHAM, MA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, LAWRENCE J 3 PARK AVE, 26TH FL NEW YORK, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANELSKI, DIRK 90 WILLIAMS STREET NEW YORK, NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRED SLIFKA 800 SOUTH ST WALTHAM, MA 02454	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  JOHN R. RYAN DIRECTOR 16APR04 305 447 0480					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					