

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 19, 2005  
Secretary of State**

DOCUMENT# L00000010101

Entity Name: NETVILLAGE.COM, LLC

**Current Principal Place of Business:**

12 S.E. 1ST AVENUE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

12 S.E. 1ST AVENUE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number: 65-1033728      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVITT, DREW M  
855 SO. FEDERAL HIGHWAY  
SUITE 212  
BOCA RATON, FL 33432 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: HAMMOND, NATHAN  
Address: 342 MAIN STREET  
City-St-Zip: LAUREL, MD 20707

Title: MGR ( ) Delete  
Name: ALLEN, BETTY E  
Address: 12 S.E. 1ST AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR ( ) Delete  
Name: VAN ARNEM, HAROLD  
Address: 12 S.E. 1ST AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGR ( ) Delete  
Name: VAN ARNEM, KENNETH M  
Address: 3314 LOWSON BLVD.  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM ( ) Delete  
Name: HVA LIMITED PARTNERS, HIP  
Address: 12 S.E. 1ST AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: BETTY E, ALLEN

MGR

04/19/2005

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