2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010101

Entity Name: NETVILLAGE.COM, LLC

City-St-Zip:

DELRAY BEACH, FL 33444

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12 S.E. 1ST AVENUE DELRAY BEACH, FL 33444 **Current Mailing Address: New Mailing Address:** 12 S.E. 1ST AVENUE DELRAY BEACH, FL 33444 FEI Number: 65-1033728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVITT, DREW M 855 SO. FEDERAL HIGHWAY SUITE 212 BOCA RATON, FL 33432 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/MEMBERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete HAMMOND, NATHAN Name: Name: 342 MAIN STREET Address: Address: City-St-Zip: LAUREL, MD 20707 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: ALLEN, BETTY E Name: Address: 12 S.E. 1ST AVENUE Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: MGR () Delete Title: () Change () Addition VAN ARNEM, HAROLD Name: Name: Address: 12 S.E. 1ST AVENUE Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: MGR () Delete Title: () Change () Addition VAN ARNEM, KENNETH M Name: Name: Address: 3314 LOWSON BLVD. Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HVA LIMITED PARTNERS, HIP Name: Name: 12 S.E. 1ST AVENUE Address: Address:

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.

City-St-Zip:

SIGNATURE: BETTY E, ALLEN MGR 04/19/2005