

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011686

FILED  
May 12, 2004  
Secretary of State

**Entity Name:** NORTHWEST FLORIDA INTERNET SERVICES, L.L.C.

**Current Principal Place of Business:**

225 N.W. HOLLYWOOD  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

438 EMERALD POINT DRIVE  
MARY ESTHER, FL 32569 US

**Current Mailing Address:**

PO BOX 807  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

FEI Number: 59-3672413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EDMISTON, GEORGIA R  
438 EMERALD POINT DR.  
MARY ESTHER, FL 32569 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: HOLLADAY, CLAY  
Address: 3436 HWY 35 N  
City-St-Zip: MERIDIAN, MS 39301

Title: MGR ( ) Delete  
Name: EDMISTON, GEORGIA R  
Address: 438 EMERALD POINT DR.  
City-St-Zip: MARY ESTHER, FL 32569

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOLLADAY, CLAY  
Address: 3436 HWY 45 N  
City-St-Zip: MERIDIAN, MS 39301 US

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: CLAY E. HOLLADAY

MGR

05/12/2004

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