

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90042 008 ****50.00

DOCUMENT # L00000012675

1. Entity Name
HYPERNAP.COM ASSOCIATES, LLC



Principal Place of Business
2699 STIRLING RD., STE. B-100
FT. LAUDERDALE, FL 33312

Mailing Address
2699 STIRLING RD., STE. B-100
FT. LAUDERDALE, FL 33312

14002508



02222005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1071747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NAVON, SAMUEL D
2699 STIRLING RD., STE. B-100
FT. LAUDERDALE, FL 33312

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NAVON, SAMUEL D
2699 STIRLING RD., STE. B-100
FT. LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FERRANTE, WILLIAM E
2699 STIRLING RD., STE. B-100
FT. LAUDERDALE, FL 33312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #