



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90324 048 ****55.00

DOCUMENT # L01000003929					
1. Entity Name FB NETWORK, L.L.C.					
Principal Place of Business 14000 MILITARY TRAIL SUITE 210 DELRAY BEACH, FL 33484 US			Mailing Address 14000 MILITARY TRAIL SUITE 210 DELRAY BEACH, FL 33484 US		
2. Principal Place of Business 9892 CORONADO LAKE DR. Suite, Apt. #, etc.		3. Mailing Address 9892 CORONADO LAKE DR. Suite, Apt. #, etc.			
City & State BOYNTON BEACH, FLORIDA		City & State BOYNTON BEACH, FLORIDA		4. FEI Number 65-1084303	
Zip 33437		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNAL, FRANK 14000 MILITARY TRAIL SUITE 210 DELRAY BEACH, FL 33484			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 9892 CORONADO LAKE DR. City BOYNTON BEACH FL Zip Code 33437		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM BERNAL, FRANK B 14000 MILITARY TRAIL SUITE 210 DELRAY BEACH, FL 33484		TITLE NAME STREET ADDRESS CITY - ST - ZIP	9892 CORONADO LAKE DRIVE BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/30/04 <small>Date</small>		561-738-7156 <small>Daytime Phone #</small>