2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2004 8:00 am
Secretary of State
05-04-2004 90022 047 ****50.00

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1. Entity Name
NETWORK ONE L.L.C.

34008859

Principal Place of Business	Mailing Address
2100 PONCE DE LEON BLVD. SUITE 1170-A CORAL GABLES, FL 33134	2100 PONCE DE LEON BLVD. SUITE 1170-A CORAL GABLES, FL 33134

04292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2100 Ponce de Leon Blvd		2100 Ponce de Leon Blvd	
Suite, Apt. #, etc. STE 901		Suite, Apt. #, etc. STE 901	
City & State Coral Gables FL		City & State Coral Gables FL	
Zip 33134	Country	Zip 33134	Country

4. FEI Number 02-0609854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALONSO-POCH, MAUNEL 2100 PONCE DE LEON BLVD. SUITE 1170-A CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDWIN, RICHARD 2817 S.W. 37TH COURT MIAMI, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALONSO, MANUEL 6100 S.W. 45TH STREET MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] manager 4/29/04 305 446 1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #