

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000017056

1. Entity Name
NETROX2001, LLC



Principal Place of Business
**100 S BISCAYNE BLVD
#1201
MIAMI, FL 33131**

Mailing Address
**100 S BISCAYNE BLVD
#1201
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



02032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
80-0048685

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARCUS, DAVID
100 S BISCAYNE BLVD
#1201
MIAMI, FL 33131**

**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, 2004**

U000000145576
05/03/04-80030-024 100.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MARCUS, DAVID
100 SOUTH BISCAYNE BLVD
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MARCUS, GREG
100 SOUTH BISCAYNE BLVD
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MARCUS, ANDREW
100 SOUTH BISCAYNE BLVD
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 #

4/29/04