

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020114

Entity Name: TYPE NETWORK, LLC.

FILED  
May 11, 2005  
Secretary of State

## Current Principal Place of Business:

301 EAST PINE ST.  
SUITE 150  
ORLANDO, FL 32801

## New Principal Place of Business:

931 N. STATE ROAD 434  
SUITE 1201-161  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

301 EAST PINE ST.  
SUITE 150  
ORLANDO, FL 32801

## New Mailing Address:

931 N. STATE ROAD 434  
SUITE 1201-161  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 71-0869119      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

BERMAN, JED  
180 S. KNOWLES AVE.  
WINTER PARK, FL 32789      US

## Name and Address of New Registered Agent:

RASA, MOHAMMAD I  
931 N. STATE ROAD 434  
SUITE 1201-161  
ALTAMONTE SPRINGS, FL 32714      US

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: MOHAMMAD IMRAN RASA

05/11/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MOHAMMAD, IMRAN R #200315  
Address: 723 TRUMAN AVENUE  
City-St-Zip: TALLAHASSEE, FL 32314

Title: MGRM ( ) Delete  
Name: RASA, ABUL F  
Address: LEMERIDIAN APTS 203  
City-St-Zip: DUBAI, CA U.A.E

Title: MGRM ( ) Delete  
Name: DEWIEST, DENISE M  
Address: 23 MARIPOSA LANE  
City-St-Zip: ORINDA, CA 94563

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MOHAMMAD IMRAN RASA

MGR

05/11/2005

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