



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90072 013 ****55.00

DOCUMENT # L02000003380					
1. Entity Name DATA NETWORK CONSULTANTS, LLC					
Principal Place of Business 14100 PALMETTO FRONTAGE ROAD SUITE 108 MIAMI, FL 33016			Mailing Address 14100 PALMETTO FRONTAGE ROAD SUITE 108 MIAMI, FL 33016		
2. Principal Place of Business 1717 E. BOSCH BLVD Suite, Apt. #, etc. SUITE D City & State TAMPA, FLORIDA Zip Country 33612-8683 HILLSBOROUGH		3. Mailing Address 1717 E. BOSCH BLVD Suite, Apt. #, etc. SUITE D City & State TAMPA, FLORIDA Zip Country 33612-8683 HILLSBOROUGH			
07272004 Chg-LLC CR2E083 (10/03)		4. FEI Number 03-0387349		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MARKO, DAVID EVERETT ESQ. 3001 S.W. THIRD AVE. MIAMI, FL 33129			7. Name and Address of New Registered Agent Name: RENE S. RUIZ Street Address (P.O. Box Number is Not Acceptable): 1717 E. BOSCH BLVD SUITE D City: TAMPA, FLORIDA FL Zip Code: 33612-8683		
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: <u>RENE S. RUIZ</u> DATE: <u>8/2/04</u> <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 September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUIZ, RENE MR 13310 SW 99TH ST MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>RENE S. RUIZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>8/2/04</u> Daytime Phone #: <u>813-915-9005</u> <u>813-471-0355</u>		