## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-7P

## **FILED** Apr 12, 2005 08:00 AM Secretary of State DOCUMENT # L02000019097 1. Entity Name COLÍNET MANAGEMENT LLC Principal Place of Business Mailing Address 1541 BRICKELL AVENUE, #10-01 1541 BRICKELL AVENUE, #10-01 MIAMI, FL 33129 MIAMI, FL 33129 DO NOT WRITE IN THIS SPACE 04062005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applicable 56-2285575 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLINET, STALIN DO NOT WRITE 1541 BRICKELL AVENUE, #10-01 MIAMI, FL 33129 IN THIS SPACE 8. The above named entity submits this statement for the pyripose 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 applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE COLINET, STALIN NAME STREET ADDRESS 1541 BRICKELL AVENUE, #10-01 CITY-ST-ZIP MIAMI, FL 33129 MLE ÜÜÜÜÜÜÜÜÜ 300451 NAME 04/12/05-80021-006 55.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE DITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITI F NAME STREET ADDRESS

505.726.3090 SIGNATURE AND TYPED OR I INTED NAME OF SIGNING ANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE Daylime Phone #

11. I hereby certify that the information supplied with this filing does for 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 exacute this report as required by Chapter 608, Florida Statutes.