LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032676

1. Entity Name

COMP2NET SOLUTIONS, LLC

FILED

03 FEB -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1615 WOOD DUCK DR.	1615 WOOD DUCK DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER SPRINGS, FL	City & State: WINTER SPRINGS, FL
Zip: 327085510 Country: US	Zip: 327085510 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number — [ ] Applied For [X] Not Applicable

5. Certificate of Status Desired [X] **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ARTHUR J. RICHARD

Street Address (P.O. Box Number is Not Acceptable): 1615 WOOD DUCK DR.

City: WINTER SPRINGS **FL** Zip Code: 327085510

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ARTHUR J. RICHARD 1615 WOOD DUCK DR. WINTER SPRINGS, FL 327085510
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHELIA M. RICHARD 1615 WOOD DUCK DR. WINTER SPRINGS, FL 327085510
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800011627858 02/03/03--01106--023 **110.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E083B (12/02)

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: Arthur J. Richard ARTHUR J. RICHARD JANUARY 31, 2003 407-359-1645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #