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Secretary of State
08-02-2004 90115 033 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

34010016

DOCUMENT # L03000002550

1. Entity Name
LEGEND NETWORK SOLUTIONS, LLC

Principal Place of Business	Mailing Address
4400 PGA BOULEVARD 505 PALM BEACH GARDENS, FL 33410	4400 PGA BOULEVARD 505 PALM BEACH GARDENS, FL 33410

07092004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7108 FAIRWAY DR	7108 FAIRWAY DR
Suite, Apt. #, etc.: Suite 215	Suite, Apt. #, etc.: Suite 215
City & State: PALM BEACH GARDENS	City & State: PALM BEACH GARDENS
Zip: 33418 Country:	Zip: 33418 Country:

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLY, WILLIAM M JR. 7460 MONTE VERDE LANE WEST PALM BEACH, FL 33412	Name: WILLIAM KELLY Street Address (P.O. Box Number is Not Acceptable): 904 MILL CREEK DR City: PALM BEACH GARDENS FL Zip Code: 33410

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. (NOTE: Registered Agent signature required when reinstating)

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 KELLY, BRIAN P 4400 PGA BOULEVARD PALM BEACH GARDENS, FL 33410	☐ Delete	MGR KELLY, BRIAN P. 7108 FAIRWAY DR, SUITE 215 PALM BEACH GARDENS, FL-33418	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KELLY, KEVIN J 4400 PGA BOULEVARD PALM BEACH GARDENS, FL 33410	☐ Delete	MGR KELLY, KEVIN J. 7108 FAIRWAY DR, Suite 215 PALM BEACH GARDENS, FL 33418	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #