2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L03000005960

Entity Name: INDEXET, LLC

Current Principal Place of Business:

1903 60TH PLACE E.
SUITE M6043
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

806 DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134

New Mailing Address:

C/O 355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 US

FEI Number: 16-1660514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

REGISTERED AGENT CORPORATE SERVICES, INC
806 DOUGLAS R D
SUITE 580
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC
355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134 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: BETSY PARENTI, ASSIST. SECRETARY 05/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEONEL, SAMUEL
Address: 806 DOUGLAS RD SUITE 580
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEONEL, SAMUEL
Address: C/O 355 ALHAMBRA CIRCLE, SUITE 801
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SAMUEL LEONEL MGRM 05/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date