

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015407

FILED
Mar 23, 2004
Secretary of State

Entity Name: SPIDERSITES NETWARE LLC

Current Principal Place of Business:

715 HONEYSUCKLE AVE
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

715 HONEYSUCKLE AVE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 55-0830855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEINLEIN, ELIZABETH A
715 HONEYSUCKLE AVE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HEINLEIN, ELIZBETH A
Address: 715 HONEYSUCKLE AVE
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: ASHMEN-WRIGHT, SUZANNE D
Address: 811 VERANDA PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: HEINLEIN, STEVEN J
Address: 715 HONEYSUCKLE AVE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ASHMEN-WRIGHT, SUZANNE D
Address: 715B HONEYSUCKLE AVE
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELIZABETH HEINLEIN

MGRM

03/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date