

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

04-28-2004 90069 031 ****50.00

DOCUMENT # L03000016650 1. Entity Name NORTH FLORIDA TECHNICAL NETWORKING CENTER, LLC			
Principal Place of Business 3371 EAST HIGHWAY 90 BONIFAY, FL 32425		Mailing Address P.O. BOX 810 BONIFAY, FL 32425	
2. Principal Place of Business <u>3257 EAST HIGHWAY 90</u>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>BONIFAY, FL</u>		City & State	
Zip <u>32425</u> Country		Zip Country	
4. FEI Number <u>02-0689527</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COATES, MARTIN E 3371 EAST HIGHWAY 90 BONIFAY, FL 32425		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>3257 EAST HIGHWAY 90</u> City <u>BONIFAY, FL</u> Zip Code <u>32425</u>	
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 <u>[Signature]</u> N/A		AGENT NOT CHANGED Address = Only Change <u>[Signature]</u> DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, DIANA LEE 5103 SMITH STREET GREENWOOD, FL 32443 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLOCK, JAMES EDWARD 2834 BERRY STREET PONCE DE LEON, FL 32455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COATES, MARTIN E P.O. BOX 810 BONIFAY, FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Martin E Coates</u>		Date <u>4/27/04</u> Daytime Phone #	

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04222004 Chg-LLC CR2E083 (10/03)