2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # L03000022178 1. Entity Name 04-30-2004 90086 033 ****50.00 DATANET MANAGEMENT GROUP LLC Principal Place of Business Mailing Address 4360 NORTHLAKE BLVD., STE. 203 PALM BEACH GARDENS FL 33410 4360 NORTHLAKE BLVD., STE. 203 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 57-1170967 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDRZEJ SLOMSKI CASABLANCA, JULIO 4360 NORTHLAKE BLVD., STE. 203 Street Address (P.O. Box Number is Not Acceptable) 4360 NORTHLAKE BLVD. SUITE 203 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS 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. FIGURE ANDRZEJ SLOMSKI Steed agent and title if applicable (NOTE: Registered A 04/15/2004 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 MGRM TITLE TITLE Change ☐ Addition X Delete NAME LUCZKOWIEC, ARTHUR NAME STREET ADDRESS 120 DAY LILY DR. STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP Delete TITLE MGRM ☐ Change ☐ Addition TITLE NAME CASABLANCA, JULIO NAME STREET ADDRESS 3914 NW 21ST CT. STREET ADDRESS COCONUT CREEK FL 33066 CITY-ST-ZIP CITY-ST-ZIP MGRMTITLE ☐ Delete TITLE Change Addition NAME SLOMSKI, ANDRZEJ NAME STREET ADDRESS SENATORSKA 11 WARKA 05660 STREET ADDRESS CITY - ST- 7IP POLAND CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE DZIWNIEL, WALDEMAR NAME NAME SWOJSKA 16/6 STREET ADDRESS STREET ADDRESS GDANSK 80867 POLAND CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

'ANDRZEJ SLOMSKI

TITI E

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

04/15/2004

(561)6274735

Change

☐ Addition

FILED