2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000028954

1. Entity Name
NETRUNNERS, LLC

FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business 301 YAMATO RD. SUITE 2190 BOCA RATON, FL 33431 Mailing Address 301 YAMATO RD. SUITE 2190 BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE

01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 38-3686501

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

COX, HENRICUS A 5815 WINDSOR COURT BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	nging its registered	office or registered agent, or bo	th, in the State of Florida, 1 am familia	ar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent and the if applicable	(NOTE Registered A	gent signature required when reinstating)	DATE	101 1 202 1
F	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS		·····		
TITLE	MGRM				
NAME	COX, M. ARELY C			UCCOCCACA 455	
STREET ADDRESS	5815 WINDSOR COURT			1100000 39 3490 01/25/06-8002 3- 013	ነ ሮስ ሰስ
CITY-ST-ZIP	BOCA RATON, FL 33496			01/ 53/08_0009_010	, 20.00
TITLE	MGRM				
NAME	COX, HENRICUS A.J.M				
STREET ADDRESS	5815 WINDSOR COURT				
CITY-ST-ZIP	BOCA RATON, FL 33496				=
TITLE					
NAME					
STREET ADDRESS		1		NOT WOITE	
CITY-ST-ZIP			טע	NOT WRITE	
TITLE			INT '	THIS SPACE	
NAME		i.	IIV	I TIO STACE	
STREET ADDRESS		I			
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS	1	ł			
CITY-ST-ZIP		1			
TITLE					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 typistee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

<u>-13-06</u>

\$6,9971116