

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030157

FILED
Apr 27, 2008
Secretary of State

Entity Name: FLORIDA REFERRAL NETWORK, L.L.C.

Current Principal Place of Business:

215 CELEBRATION PLACE, STE. 190
CELEBRATION, FL 34747

New Principal Place of Business:

215 CELEBRATION PLACE,
500
CELEBRATION, FL 34747

Current Mailing Address:

215 CELEBRATION PLACE, STE. 190
CELEBRATION, FL 34747

New Mailing Address:

215 CELEBRATION PLACE,
500
CELEBRATION, FL 34747

FEI Number: 20-2264227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, MICHAEL
215 CELEBRATION PLACE SUITE 190
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

BUONCERVELLO, SONNY
215 CELEBRATION PLACE
500
CELEBRATION, FL 34747 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: SONNY BUONCERVELLO

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUONCERVELLO, ANGELA MARIA
Address: PO BOX 470127
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUONCERVELLO, SONNY
Address: PO BOX 470127
City-St-Zip: CELEBRATION, FL 34747

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: SONNY BUONCERVELLO

MGR

04/27/2008

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