

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030664

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: NATIONAL PROPERTY NETWORK LLC

## Current Principal Place of Business:

2300 GLADES ROAD  
205W  
BOCA RATON, FL 33431 US

## Current Mailing Address:

2300 GLADES ROAD  
205W  
BOCA RATON, FL 33431 US

## New Principal Place of Business:

999 PONCE DE LEON BOULEVARD  
705  
CORAL GABLES, FL 33134 US

## New Mailing Address:

999 PONCE DE LEON BOULEVARD  
705  
CORAL GABLES, FL 33134 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BANEGAS, ARI  
2300 GLADES ROAD  
205W  
BOCA RATON, FL 33431 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: BANEGAS, ARI  
Address: 2300 GLADES ROAD, SUITE 205W  
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGRM ( ) Delete  
Name: CALIGARIS, JORGE R  
Address: 2300 GLADES ROAD, SUITE 205W  
City-St-Zip: BOCA RATON, FL 33431 US

## ADDITIONS/CHANGES:

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

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: ARI BANEGAS

MGRM

04/29/2004

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