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Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90175 047 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035541

20013153

1. Entity Name
WEBNESS LLC

Principal Place of Business	Mailing Address
1500 BAY ROAD SUITE 814 MIAMI BEACH, FL 33139	1500 BAY ROAD SUITE 814 MIAMI BEACH, FL 33139

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

02092005 Chg-LLC CR3E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For / Not Applicable

5. Certificate of Status Desired $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHE & LEIGH LLP
2455 E. SUNRISE BLVD.
SUITE 602
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name: Corporate Creations Network Inc.
Street Address (P.O. Box Number is not Acceptable): 11380 Prosperity Farms Rd #221E
City: Palm Beach Gardens FL Zip Code: 33410

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: T. Baez, VP of Corporate Creations

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEWIS, ADAM 1500 BAY ROAD, SUITE 814 MIAMI BEACH, FL 33139	☐ Delete		☐ Change ☐ Add/Join
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LEWIS, ZANELL 1500 BAY ROAD, SUITE 814 MIAMI BEACH, FL 33139	☐ Delete		☐ Change ☐ Add/Join
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add/Join
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add/Join
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add/Join

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 605, Florida Statutes.

SIGNATURE: Adam Lewis 2/11/2005 (305)7735398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime phone number