2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2005
Secretary of State

DOCUMENT# L04000041181

Entity Name: NETPLUS, LLC

Current Principal Place of Business:

5355 TOWN CENTER ROAD
SUITE 203
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

5355 TOWN CENTER ROAD
SUITE 203
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-1186409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STATE STREET FINANCIAL SERVICES INC.
5355 TOWN CENTER RD., SUITE 203
BOCA RATON, FL 33486 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: MGR ( ) Delete
Name: AGUILAR, DANIEL D
Address: 6845 WILLOW WOOD DRIVE, #3086
City-St-Zip: BOCA RATON, FL 33434

Title: MGRM ( ) Delete
Name: MAVRIKOS, CHRISTINE
Address: 2180 NE 2 AVE.
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete
Name: CAROTHERS, SCOTT
Address: 6493 NW 78TH PLACE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES:

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

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: DANIEL D. AGUILAR MGR 04/05/2005

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