

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073564

Entity Name: FLORIDA REALTY NETWORK, LLC

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

4340 POINT COURT
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

4055 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952

Current Mailing Address:

P.O. BOX 495840
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 05-0610192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SIKORSKI, MICHAEL J
P.O. BOX 495840
PORT CHARLOTTE, FL 33949 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: MICHAEL J. SIKORSKI

04/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SIKORSKI, RICHARD
Address: 4340 POINT COURT
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: ST (X) Delete
Name: SIKORSKI, RICHARD
Address: 4340 POINT COURT
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIKORSKI, RICHARD
Address: 4055 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

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: RICHARD J SIKORSKI

MGR

04/12/2005

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