



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90017 041 ****55.00

DOCUMENT # L05000034525					
1. Entity Name I.P.NET, LLC					
Principal Place of Business 15701 W WATERSIDE CIRCLE, E101 SUNRISE, FL 33326			Mailing Address 15701 W WATERSIDE CIRCLE, E101 SUNRISE, FL 33326		
2. Principal Place of Business 10256 NW 47th St.		3. Mailing Address 10256 NW 47th St.			
Suite, Apt. #, etc. Sunrise		Suite, Apt. #, etc.		01152006 Chg-LLC CR2E083 (11/05)	
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number X 20-4641150	
Zip 33351		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDMAN, CHARLES J ESQ 601 SOUTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME GOLDMAN, CHARLES J STREET ADDRESS 601 SOUTH FEDERAL HIGHWAY CITY-ST-ZIP HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete		TITLE President NAME Maximo V. Morales STREET ADDRESS 10256 NW 47th St. CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Francis M. Geisse. Morales NAME Vice President STREET ADDRESS 10256 NW 47th St. CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Giancarlo Bregante NAME Chief Technical Officer STREET ADDRESS 10256 N.W. 47th St. CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.					
SIGNATURE: <u>Maximo V. Morales</u>			Apr. 15 2006 954-578-5929		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		