

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005256

Entity Name: NETWORK AMERICA, LLC

FILED
May 31, 2007
Secretary of State

Current Principal Place of Business:

352246 US 19 NORHT
SUITE327
PALM HARBOR, FL 34684

Current Mailing Address:

35246 US 19 NORHT
SUITE327
PALM HARBOR, FL 34684

New Principal Place of Business:

2750 N. MCULLEN BOOTH RD.
SUITE102C
CLEARWATER, FL 33761

New Mailing Address:

2750 N. MCULLEN BOOTH RD.
SUITE 102C
CLEARWATER, FL 33761

FEI Number: 02-0770125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARBEE, JOHN W
35246 US 19 NORTH
SUITE 327
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

BARBEE, JOHN W
2750 N. MCULLEN BOOTH RD.
SUITE 102C
CLEARWATER, FL 33761 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:

05/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARBEE, JOHN W
Address: 35246 US 19 NORTH, SUITE 327
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARBEE, JOHN W
Address: 2750 N. MCULLEN BOOTH RD.
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN W. BARBEE

MGRM

05/31/2007

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