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Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90132 014 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000009544

1. Entity Name
INNET, LLC.

Principal Place of Business	Mailing Address
~~9130 SOUTH DADELAND BOULEVARD SUITE 1600 MIAMI, FL 33156 US~~	~~9130 SOUTH DADELAND BOULEVARD SUITE 1600 MIAMI, FL 33156 US~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
6101 BLUE LAGOON DR.		6101 BLUE LAGOON DR.	
Suite, Apt. #, etc.: SUITE 150		Suite, Apt. #, etc.: SUITE 150	
City & State: MIAMI, FL.		City & State: MIAMI, FL.	
Zip: 33126	Country: MIAMI-DADE	Zip: 33126	Country: MIAMI-DADE

03132007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4222020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MAZZA-MARTINEZ, PEREZ & ASSOC., P.A.~~
~~9130 SOUTH DADELAND BOULEVARD~~
~~SUITE 1600~~
~~MIAMI, FL 33156~~

7. Name and Address of New Registered Agent

Name: CARLOS E. APONTE
Street Address (P.O. Box Number is Not Acceptable): 6101 BLUE LAGOON DRIVE
SUITE 150
City: MIAMI FL Zip Code: 33126

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: CARLOS E. APONTE [signature] 13/MARZ/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	APONTE, CARLOS E		NAME		
STREET ADDRESS	~~9130 SOUTH DADELAND BOULEVARD, SUITE 1600~~		STREET ADDRESS	6101 BLUE LAGOON DRIVE #150	
CITY-ST-ZIP	~~MIAMI, FL 33156~~		CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 13/MARZ/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #