2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

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DOCUI 1. Entity Name LECNETS		228			TO SECOND		90254 035 ***	*50.00
Principal Place	e of Business	Mailing Address			יט ך'	011111		
450 MILL SPRINGS LANE 450 MILL SPRINGS LANE								
FT. LAUDERDALE, FL 33325 FT. LAUDERDALE, FL 33325								
11. LAUDEKU	ACC, IL 33323	TT. ENGDENDALE, TE 33	3323			 	81 811 88 & 8 8 8 818 81	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162007	Chg-LLC	CR2E083 (12/0	6)	
City & State		City & State		4. FEI Numb	80 4376		Applied For Not Applicable	
Zip	Country	Zip	Country	y 		of Status Desired	□ \$5.00 / Fee Requ	
6. Name and Address of Current Registered Agent				Nome	7. Name and	Address of New R	egistered Agent	
000000	TE ODEATIONS NETWORK	INC		Name				
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				Street Addres	s (P.O. Box Number is Not Acceptable)			
, , i e e e	,			City			E	ada
•				City			FL Zip C	009
	named entity submits this statement fo ions of registered agent.	the purpose of changing its re	egistered	d office or regis	stered agent, or bo	oth, in the State of Flo	orida. I am familiar w	th, and accept
SIGNATURE .	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE:	Registered A	Agent signature requ			DATE	
			riegisio:ec -		ired when reinstating)		DATE	
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Fi Dı	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE		10.		ired when reinstating)		e check payable t a Department of S	
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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 emptyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND TYPED

PRINTED TAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

954.473.9571