2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000006999

1. Entity Name
NETTHINK 21, LLC

Principal Place of Business	Mailing Address
7040 WEST PALMETTO PARK RD UNIT #4, SUITE 663 BOCA RATON, FL 33433-3461	7040 WEST PALMETTO PARK RD UNIT #4, SUITE 663 BOCA RATON, FL 33433-3461

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04232008   Chg-LLC   CR2E083 (12/06)

4. FEI Number **30-0397908**   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROMANO, ANTHONY M 7040 WEST PALMETTO PARK RD UNIT #4, SUITE 663 BOCA RATON, FL 33433-3461	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75 **After May 1, 2008 Fee will be $538.75**		**Make check payable to** **Florida Department of State**

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROMANO, ANTHONY M 7040 W PALMETTO PARK RD UNIT #4, STE. 663 BOCA RATON, FL 334333461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ 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: _Anthony M Romano_   4/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #