

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071636

Entity Name: LIFER NETWORKS, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

5903 FOUNTAIN DRIVE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

PO BOX 7458
NAPLES, FL 34101

New Mailing Address:

FEI Number: 74-3223033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAIER, PATRICIA
5903 FOUNTAIN DRIVE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHUB, ADAM J
Address: 26 BACK COVE ESTATES
City-St-Zip: PORTLAND, ME 04103

Title: MGR () Delete
Name: BAIER, PATRICIA
Address: 5903 FOUNTAIN DRIVE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHUB, ADAM J
Address: 74 FIELDSTONE DRIVE
City-St-Zip: YARMOUTH, ME 04096

Title: MGRM (X) Change () Addition
Name: BAIER, TIMOTHY J
Address: 415 S. SUMMIT AVENUE
City-St-Zip: CHARLOTTE, NC 28208

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: ADAM J SHUB

MR.

04/15/2009

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