

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000406

Entity Name: NETSTEP, L.C.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

10400 NW 33TH STREET, #270
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10400 NW 33TH STREET, #270
MIAMI, FL 33172

New Mailing Address:

1029 PEACHTREE CITY PARKWAY NORTH
107
PEACHTREE CITY, GA 30269

FEI Number: 65-0665315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMARDO, JOSE
10400 NW 33RD ST
270
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

NORMA, SEGOVIA
600 NE 36TH ST.
2023
MIAMI, FL 33137 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: JOSE LIMARDO

01/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIMARDO, JOSE
Address: 10400 NW 33RD ST., #270
City-St-Zip: MIAMI, FL 33172

Title: MGRM () Delete
Name: SEGOVIA, NORMA
Address: 9805 NW 52ND ST., #114
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MATTA, LUIS
Address: 140 BENTBROOK CT
City-St-Zip: FAYETTEVILLE, GA 30214

Title: MGRM (X) Change () Addition
Name: SEGOVIA, NORMA
Address: 600 NE 36TH ST. #2023
City-St-Zip: MIAMI, FL 33178

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: NORMA SEGOVIA

MGRM

01/24/2008

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