2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L97000000660

Entity Name: UTILICOM NETWORK, L.C.

Current Principal Place of Business:

610 W SHELL POINT RD
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

610 W SHELL POINT RD
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 59-3425943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEFFRIES, CHARLES D
2053 MISTY SUNRISE TRAIL
SARASOTA, FL 34240 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:	MGR	( ) Delete
Name:	JEFFRIES, CHARLES D	
Address:	2053 MISTY SUNRISE TRAIL	
City-St-Zip:	SARASOTA, FL 34240	
Title:	MGRM	( ) Delete
Name:	PORTERFIELD, ROBERT E JR	
Address:	11206 KILLEARN CT	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	MGRM	( ) Delete
Name:	GALEN, CHRISTOPHER J	
Address:	1101 KINGFISH PLACE	
City-St-Zip:	APOLLO BEACH, FL 33572	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ROBERT E PORTERFIELD JR MGRM 04/08/2008

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