


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001474 NETWORK TECHNOLOGY SOLUTIONS, L.C. 15950 BAY VISTA DRIVE, SUITE 270 CLEARWATER FL 33760		1a. Principal Place of Business Address 15950 BAY VISTA DRIVE, SUITE CLEARWATER FL 33760	
2. Principal Place of Business 3620 Seven Springs Blvd Suite, Apt. #, etc.	2a. Mailing Address 3620 Seven Springs Blvd Suite, Apt. #, etc.	3. Date Organized or Qualified 08/17/1998	3a. State of Formation FL
City & State New Port Richey, FL	City & State New Port Richey, FL	4. FEI Number 59-3528095	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 34655	Country Pasco	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required
7. Name and Address of Current Registered Agent LEWIS, TRACY 15950 BAY VISTA DRIVE, SUITE 270 CLEARWATER FL 33760		8. Name and Address of New Registered Agent/Office Name MARK KOMULA Street Address (P.O. Box Number is Not Acceptable) 3620 Seven Springs Blvd Suite, Apt. #, etc. City New Port Richey FL Zip Code 34655	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u><i>Mark Komula</i></u> DATE <u>4/26/99</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when terminating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LEWIS, TRACY	15950 BAY VISTA DRIVE, SUITE 270	CLEARWATER FL
MGR	KOMULA, MARK	3620 Seven Springs Blvd	New Port Richey, FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u><i>Mark Komula</i></u> <u>4/26/99</u> <u>727-538-1908</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			