2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000001754 ---

1. Entity Name

SPEĆTRAL NETWORK SYSTEMS LLC



Principal Place of Business

5405 S. CRESCENT DR. TAMPA, FL 33611

Mailing Address

5405 S. CRESCENT DR. TAMPA, FL 33611

FILED May 03, 2004 08:00 AM Secretary of State



04292004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number				
	NOT APPLICABLE				

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6.	Name	and	Address of C	urrent Reg	istered Ag	rent

JACOBSON, RICHARD A 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602

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			{		
8. The above the obligat	named entity submits this statement lions of registered agent.	or the purpose of chang	ging its registered	d office or registered agent, or bo	th, in the State of FlorIda. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered ager	nt and title if applicable	Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2004	· · · · · · · · · · · · · · · · · · ·			
9,	MANAGING MEME	ERS/MANAGERS		 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISSETT, W PAUL 5405 S. CRESCENT DR. TAMPA, FL 33611				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/04/04-80146-018 20 . 00
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TITLE NAME STREET ADDRESS GITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

11. I 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 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 AND TYPED OR PROTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE