


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 14, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L99000002157 1. Entity Name BEANSTALK NETWORKS L.L.C. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 314 CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401 | Mailing Address 314 CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401 |
|---|---|



05132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 65-0911622 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---|

| |
|---|
| 6. Name and Address of Current Registered Agent KELLY, JAMES P 314 CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401 |
|---|

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**


In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000951508
06/04/08-80037-014 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR REGALBUTO, JASON R 160 SEABREEZE AVE. PALM BEACH, FL 33480 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KELLY, JAMES P 2201 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BOREN, REID J 294 CORDOVA ROAD WEST PALM BEACH, FL 33401 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

May 1, 2008
Date Daytime Phone #