2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# M00000000556

Entity Name: FPL FIBERNET, LLC

Current Principal Place of Business:

9250 W. FLAGLER STREET
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

9250 W. FLAGLER STREET
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0976766 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, J.E.
9250 W. FLAGLER STREET
MIAMI, FL 33174 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:	MGRM	( ) Delete
Name:	FPL CAPITAL GROUP INC	
Address:	700 UNIVERSE BLVD.	
City-St-Zip:	JUNO BEACH, FL 33408 US	
Title:	CEO	( ) Delete
Name:	MAISTO, MARK	
Address:	700 UNIVERSE BLVD.	
City-St-Zip:	JUNO BEACH, FL 33408	
Title:	P	( ) Delete
Name:	PEREZ, CARMEN	
Address:	9250 W. FLAGLER ST.	
City-St-Zip:	MIAMI, FL 33174	
Title:	T	( ) Delete
Name:	CUTLER, PAUL I	
Address:	700 UNIVERSE BLVD.	
City-St-Zip:	JUNO BEACH, FL 33408	
Title:	S	( ) Delete
Name:	TANCER, EDWARD F	
Address:	700 UNIVERSE BLVD.	
City-St-Zip:	JUNO BEACH, FL 33408	
Title:	AS	( ) Delete
Name:	KLINGER, DENNIS M	
Address:	9250 W. FLAGLER ST.	
City-St-Zip:	MIAMI, FL 33174	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	BALLOT, ALISSA E	
Address:	700 UNIVERSE BLVD.	
City-St-Zip:	JUNO BEACH, FL 33408	
Title:	CONT	(X) Change ( ) Addition
Name:	WUENKER, BRUCE	
Address:	9250 W. FLAGLER ST.	
City-St-Zip:	MIAMI, FL 33174	

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: ALISSA E. BALLOT S 05/01/2009

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