


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90059 040 ****50.00

DOCUMENT # M00000002329 1. Entity Name VICTORY NETWORKS, LLC					
Principal Place of Business 995 STORY BOOK LANE OVIEDO, FL 32765			Mailing Address 995 STORY BOOK LANE OVIEDO, FL 32765		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 74-2976600	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DE JAGER, MARCI 306 JAMESTOWN DRIVE WINTER PARK, FL 32792				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOLLMER, TODD W	NAME			
STREET ADDRESS	5956 SHERRY LANE, STE 1575	STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OHLAND, BILL M	NAME			
STREET ADDRESS	6011 MORNINGSIDE AVE.	STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STERN, STEVE	NAME			
STREET ADDRESS	397 N. SPAULDING COVE	STREET ADDRESS			
CITY-ST-ZIP	HEATHROW, FL	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARRINGTON, RICK	NAME			
STREET ADDRESS	2585 KING CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	CONYERS, GA	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEJAGER, MARCI	NAME			
STREET ADDRESS	995 STORY BOOK LANE	STREET ADDRESS			
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHRISTOFF, CARL	NAME			
STREET ADDRESS	13842 SPRUCEWOOD DR.	STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX	CITY-ST-ZIP			
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: <u>Marci R. DeJager</u> 4-28-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					