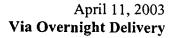
FILED

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SECRETARY OF STATE

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # M01000002 NETWORK SERVICES LLC				LOKIDA				
Principal Place of Business Making Address 484 SW BORLAND ROAD 484 SW BORLAND ROAD WEST LINN, OR 97068 WEST LINN, OR 97068								509 160,	
Principal Place of Business Mailing Address Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF	MAKING	CHANGES		
City & Stal		City & State			4. FEI Number Applied For				}
Ζъρ		Country Zip Co		ntry	Certificate of Status Desired				
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name							
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301				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 Signature, typesto's primets carrie of equipment event file 1 applicable (INDIE: Magisterial Agénts Sypature expréss even minimal even mi									
Y FILE NOWILL FEB % \$6,000 (C.) Make Creck Payable to Food a Lepartment of State Table By May 1, 200, 111									
g. Title	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/C		☐ Change	Addition	₽
NAME STREET ADDRESS CITY-ST-ZIP	FARRELL, PETER 484 SW BORLAND ROAD WEST LINN, OR 97068	L) Mage	STRI				□ common	C Addition	CR2E083 (10/02)
TITLE MAME STREET ADDRESS	MGRM OSWALD, CLAYTON T 484 SW BORLAND ROAD	☐ Delete	TITU NAM STRE				☐ Change	Addition	8
CMY-ST-ZIP TITLE	WEST LINN, OR 97068	☐ Defeate	cm tou	-S1-ZIP	·		☐ Change	Addition	
HAME STREET ADDRESS CITY-ST-ZIP			•	E Eet address -s1-zip	•		_ <u>-</u>		
HAME STREET ADDRESS CITY-ST-2IP		☐ Delete		_			Change	Addition	
TITUE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-21P		☐ Delete	TITL NASA STRI	E			☐ Change	Addition	
11. Thereby 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 it made under cath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 808, Florida Statutes. SIGNATURE: 25000000000000000000000000000000000000									





210 N. Park Ave.

Winter Park, FL

32789

Annual Report Filing

Florida Division of Corporations

409 E. Gaines St.

Tallahassee, FL 32399

Dear Sir or Madam:

P.O. Drawer 200

Winter Park, FL

32790-0200

RE:

Resort Network Services LLC

FL Uniform Business Report (UBR)

Tel: 407-740-8575

Fax: 407-740-0613

tmi@tminc.com

Enclosed please find the FL Uniform Business Report (UBR), filed on behalf of Resort Network Services LLC. A check in the amount of \$50.00 is enclosed to cover

the remittance fees due.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Elizabeth A. Corddry

Compliance Reporting Consultant

cc:

Jessica Williams - Resort Network Services LLC

file:

Resort Network Services LLC - SOS - Florida



210 N. Park Ave.

Winter Park, FL

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