

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000473

Entity Name: DEGREE NETWORK, LLC

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

116 CYPRESS WAY EAST, UNIT G1
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

116 CYPRESS WAY EAST, UNIT G1
NAPLES, FL 34110

New Mailing Address:

FEI Number: 11-3644115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUGHLIN, PETER J
116 CYPRESS WAY EAST, UNIT G1
NAPLES, FL 34110 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/MEMBERS:

Title: MGRM () Delete
Name: LOUGHLIN, PETER J
Address: 116 CYPRESS WAY EAST, UNIT G1
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: LOUGHLIN, EWA
Address: 116 CYPRESS WAY EAST, UNIT G1
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER J. LOUGHLIN

MGRM

04/05/2005

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