
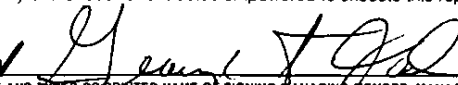


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90133 001 ****50.00

DOCUMENT # M04000001016					
1. Entity Name ZONE NET, LLC					
Principal Place of Business 526 SE DIXIE HIGHWAY STUART, FL 34994			Mailing Address 526 SE DIXIE HIGHWAY STUART, FL 34994		
2. Principal Place of Business 4349 SW Port Way		3. Mailing Address 4349 SW Port Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Palm City, FL		City & State Palm City, FL		4. FEI Number 55-0854431	
Zip 34990		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BERARDI, STEPHEN SR. 526 SE DIXIE HIGHWAY STUART, FL 34994			7. Name and Address of New Registered Agent Name Berardi, Stephen Sr. Street Address (P.O. Box Number is Not Acceptable) 4349 SW Port Way City Palm City, FL Zip Code 34990		
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERARD, STEPHEN SR 526 SE DIXIE HIGHWAY STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Berardi, Stephen Sr. 4349 SW Port Way Palm City, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO JOCHUM, GEORGE 222 ROSEWOOD DRIVE, SUITE 500 DANVERS, MA 01923	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FITZSIMMONS, MARTHA 222 ROSEWOOD DRIVE, SUITE 500 DANVERS, MA 01923	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLAGIOVANNI, JANE 222 ROSEWOOD DRIVE, SUITE 500 DANVERS, MA 01923	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby 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 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: 			3/14/05 1978-D100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		