2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004435

FILED
May 01, 2008
Secretary of State

Entity Name: NORTH PORT NETWORKS, LLC

Current Principal Place of Business:

6448 HOLLYWOOD BLVD
SUITE 500
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

6448 HOLLYWOOD BLVD
SUITE 500
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 75-3159203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOONE, STEPHEN K ESQ
1001 AVENIDA DEL CIRCO
VENICE, FL 34285 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:	CEO	( ) Delete
Name:	EZELLE, DANIEL E	
Address:	6448 HOLLYWOOD BLVD, STE.500	
City-St-Zip:	SARASOTA, FL 34231	
Title:	CFO	( ) Delete
Name:	HUNT, JOHN C	
Address:	6448 HOLLYWOOD BLVD, STE.500	
City-St-Zip:	SARASOTA, FL 34231	
Title:	DIR	( ) Delete
Name:	O'SULLIVAN, NICOLA E	
Address:	7549 PALMER GLEN CIRCLE	
City-St-Zip:	SARASOTA, FL 34240	
Title:	DIR	( ) Delete
Name:	BOONE, STEPHEN K ESQ	
Address:	1001 AVENIDA DEL CIRCO	
City-St-Zip:	VENICE, FL 34285	
Title:	DIR	( ) Delete
Name:	EZELLE, D L	
Address:	6448 HOLLYWOOD BLVD, STE.500	
City-St-Zip:	SARASOTA, FL 34231	

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

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: DANIEL E. EZELLE CEO 05/01/2008

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