

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000640

FILED
May 31, 2006
Secretary of State

Entity Name: SPOTON NETWORKS FLORIDA CITY NET, LLC

Current Principal Place of Business:

915 NORTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

915 NORTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 34-2028979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

SCHEPPS, MITCHELL D
777 SOUTH FLAGLER DRIVE, SUITE 600E
C/O SONNENSCHN NATH & ROSENTHAL
WEST PALM BEACH, FL 33401 US

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: MGR () Delete
Name: PROSPER, A. PAUL
Address: 915 NORTH DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: SHERWIN, RICHARD
Address: 55 CHURCH STREET, STE. 100
City-St-Zip: NEW HAVEN, CT 06510

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SHERWIN, RICHARD
Address: 55 CHURCH STREET, STE. 200
City-St-Zip: NEW HAVEN, CT 06510

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD SHERWIN

MGR

05/31/2006

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