

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006486

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: AMERICAN WARRIOR NETWORKS, LLC

**Current Principal Place of Business:**

4400 PGA BLVD, SUITE 902  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

4400 PGA BLVD, SUITE 902  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 26-1148988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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: MGR ( ) Delete  
Name: EVARD, TIM  
Address: 4400 PGA BLVD, SUITE 902  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: MADISON, CHRISTOPHER B  
Address: 4400 PGA BLVD, SUITE 902  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Change (X) Addition  
Name: REED, PETER A  
Address: 4400 PGA BLVD, SUITE 902  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Change (X) Addition  
Name: EHLINGER, JOHN S  
Address: 4400 PGA BLVD, SUITE 902  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Change (X) Addition  
Name: SPILLERS, RANDALL M  
Address: 4400 PGA BLVD, SUITE 902  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: TIMOTHY W. EVARD

MGR

02/12/2009

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