2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P93000013122



FILED Jan 18, 2007 8:00 am Secretary of State

01-18-2007 90092 038 ***150.00

1. Entity Nam		L NETWORKS, II	NC.)				
Principal Place of Susiness 1001 WOODLOT RIDGE CHAPEL HILL, NC 27516 US			100	Mailing Address 1001 WOODLOT RIDGE CHAPEL HILL, NC 27516 US			3000				
2. Principal Place of Business - No P.O. Box #			3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01152007	Chg-P	CR2E	034 (12/06)		
City & State				City & State			4. FEI Number 65-0406				oplied For of Applicable
Zip	Zip Country			Zip Country		ntry		f Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curre	nt Register	ed Agent		Name	7. Name and A	Address of New R	egistered	Agent	
JONES EC	OSTER SE	RVICE LLC				Name					
JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE SUITE 1100						Street Address (P.O. Box Number is Not Acceptable)					
WEST PA	LM BEAC	H, FL 33401				City			FL	Zip Cod	e
The above named entity submits this statement for the purpose of changing its register.					rogieter	ad office or registe	ared agent or both	in the State of Ele		familiar with	and accent
	tions of regist		lor the part	Jose of changing its	register	ed office of registe	ered agent, or both	, in the State of the	onda. Tam	Tarrilla Willi,	and accept
SIGNATURE.	Signature, lyped	or printed name of registered ago	ent and title if ap	plicable. (NOT	E Registere	ed Agent signature require	ed when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550	0.00	9. Election Campa Trust Fund Conf	_		5.00 May Be Ided to Fees				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR