

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000191 AF

**DOCUMENT #** L00000005389

**1. Entity Name**  
LINEAR RESPONSE, LLC

FILED

310063  
01 JUN 12 AM 7:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b> 701 BRICKELL AVE SUITE 3000 MIAMI FL 33131	<b>Mailing Address</b> 701 BRICKELL AVE SUITE 3000 MIAMI FL 33131
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b>	<b>City &amp; State</b>	<b>4. FEI Number</b> 65-1022754	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**INTRASTATE REGISTERED AGENT CORPORATION**  
701 BRICKELL AVE  
SUITE 3000  
MIAMI FL 33131

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

800004424028--3  
-06/18/01--01025--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MNGR/MBR LEE, ROBERT 26 ELLIOTWOOD COURT WILLOWDALE, ONTARIO CANADA M2L 2P9 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:** *Robert Lee* **ROBERT LEE** **24 APRIL 2001 416 688 6058**

CR2E083 (11/00)