

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000001258

FILED
Feb 12, 2002 8:00 AM
Secretary of State

Entity Name: TEKRAB HOLDINGS, L.L.C.

Current Principal Place of Business:

19 W. FLAGLER STREET
SUITE 1212
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

19 W. FLAGLER STREET
SUITE 1212
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-1112174 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKET, TIMOTHY K
19 W. FLAGLER STREET
SUITE 1212
MIAMI, FL 33130

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/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BARKET, TIMOTHY K
Address: 19 WEST FLAGLER STREET, SUITE 1212
City-St-Zip: MIAMI, FL 33130

Title: MGR () Change (X) Addition
Name: BARKET, MICHAEL G
Address: 19 WEST FLAGLER STEET, SUITE 1212
City-St-Zip: MIAMI, FL 33130

Title: MGR () Change (X) Addition
Name: TOMBLEY, JILL M
Address: 19 WEST FLAGLER STREET, SUITE 1212
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL G. BARKET MGR 02/12/2002

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