

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90095 028 \*\*\*\*50.00

DOCUMENT # L01000011864  
1. Entity Name  
CMS International Export, LLC

**DO NOT WRITE IN THIS SPACE**

B0042419

2. Principal Place of Business  
5780 NW 72nd Avenue  
Suite, Apt. #, etc.

3. Mailing Address Industrial Blvd.  
6487 Peachtree  
Suite, Apt. #, etc.  
Suite A

DO NOT WRITE IN THIS SPACE

City & State  
Miami, Florida

City & State  
Doraville, Georgia

4. FEI Number  
58-2627758

Applied For  
Not Applicable

Zip  
33166

Country  
USA

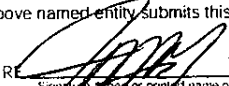
Zip  
30360-2128

Country  
USA

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

**DO NOT WRITE IN THIS SPACE**


7. Name and Address of Current Registered Agent  
Name  
Jeff Lozama  
Street Address (P.O. Box Number is Not Acceptable)  
5780 NW 72nd Avenue  
City  
Miami FL Zip Code  
33166

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:  Jeff Lozama, Registered Agent DATE: MARCH 1, 2002

FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1

| 9. MANAGING MEMBERS/MANAGERS                   |  |  |                                   |
|--|--|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Charles M. Sutherland, Jr.<br>210 The Bluffs, Suite D<br>Austell, GA 30168  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>David B. Sutherland<br>210 The Bluffs, Suite D<br>Austell, GA 30168         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Thomas L. Stead<br>3005 Mercey Drive<br>Orlando, FL 32808                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Thomas A. Bruce<br>3250 Park Central Blvd. North<br>Pompano Beach, FL 33064 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Ryan Levenson<br>777 Long Ridge Road<br>Stanford, CT 06902                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Hugh R. Powell, Jr., Secretary 2/27/02 (770) 458-9888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)