

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92183 038 ****50.00

DOCUMENT # L02000016853



1. Entity Name
TECNON CO. LLC

Principal Place of Business 710 WASHINGTON AVE 316 MIAMI BEACH FL 33139	Mailing Address 710 WASHINGTON AVE 316 MIAMI BEACH FL 33139
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2. Principal Place of Business 635 8TH STREET SUITE 203 MIAMI BEACH FL	3. Mailing Address 635 8TH STREET SUITE 203 MIAMI BEACH FL
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CHECK HERE IF MAKING CHANGES

City & State MIAMI BEACH FL	City & State MIAMI BEACH FL	4. FEI Number 54-2063625	Applied For <input type="checkbox"/> Not Applicable
Zip 33139	Country	Zip 33139	Country

6. Name and Address of Current Registered Agent LEANDRO, EKMAN 710 WASHINGTON AVE 316 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name LEANDRO EKMAN Street Address (P.O. Box Number is Not Acceptable) 635 8TH STREET SUITE 203 MIAMI BEACH FL 33139
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Leandro Ekman DATE 4/21/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(l), 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: Leandro Ekman DATE 4/21/03 (305) 535-3592

CR2E083 (10/02)