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

FILED May 22, 2002 8:00 am Secretary of State

05-22-2002 90232 036 ****50.00

DOCUMENT # L 000 000 1600 1. Entity Name AVACOM LLC DO NOT WRITE IN THIS SPACE 966064 2. Principal Place of Busines 7/80 SW 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 1Am Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. DATE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS Managing Member TITLE CR2E083B (12/01 Anthony L. Sinata NAME STREET ADDRESS STREET ADDRESS 7180 SW 47 CITY-ST-ZIP CITY-ST-ZIP MIAMI TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-7IP. TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 of rustee empowered to execute pils report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED MAY