

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90037 034 ****55.00

DOCUMENT # L00000002723



1. Entity Name
QUIXCOMM GROUP, L.L.C.

Principal Place of Business
**6150 DIAMOND CENTER CT.. BLDG #100
FORT MYERS FL 33912**

Mailing Address
**6150 DIAMOND CENTER CT.. BLDG #100
FORT MYERS FL 33912**

40000011



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1002452**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOY, RICHARD L
6150 DIAMOND CENTER COURT, BLDG #100
FORT MYERS FL 33912**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 | MGR | <input type="checkbox"/> Delete |
| NAME | WOODARD, JOHN A | |
| STREET ADDRESS | 6150 DIAMOND CENTER COURT BLDG #100 | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | BLOY, RICHARD L | |
| STREET ADDRESS | 6150 DIAMOND CENTER COURT BLDG #100 | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | |
| TITLE | M | <input type="checkbox"/> Delete |
| NAME | BLOY, DEBORAH A | |
| STREET ADDRESS | 6150 DIAMOND CENTER COURT BLDG #100 | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *SIGNATURE REQUIRED*

Date: **1/6/03** Daytime Phone #: **239-561-9191**

CR2E083 (10/02)