2003 LIMITED LIABILITY COMPANY

Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L01000010539 04-25-2003 90755 020 ****55.00 1. Entity Name ZEPHIR INTERNATIONAL, LLC Principal Place of Business Mailing Address 22155 WOODSÉT WAY 22155 WOODSET WAY **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address 230 SW 11 230 SW Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. #2 City & State City & State 4. FEI Number Applied For 75-3020574 HALLAN DAL HALLANDALE Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired U. S. A. 33009 USA 33009 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IMMLER, G. MATTHEW Street Address (P.O. Box Number is Not Acceptable) 22155 WOODSET WAY **BOCA RATON FL 33428** City 8. The above named entity submits this statement for the purpose of changing its registered office or registered I am familiar with, and accept the obligations of registered agent. ZEPHIR NESIDEN! JEFFRE) (NOTE: Registered Agent signature require FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition MGRM TITLE TITLE ZEPHIR, JEFFERY R NAMÉ NAME STREET ADDRESS STREET ADDRESS 22155 WOODSET WAY CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33428** Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP []] Addition TITI F ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP 1 TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITI F Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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: