## 2000 UNIEODM BUGINESS DEBODT (URD)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

| Principal Place of Business \$10 NW 3800 AVE. STE 219 \$10 NW 3800 AVE. STE 219 \$11 LAUDEROALE FL 33309 \$12 LAUDEROALE FL 33309 \$13 LAUDEROALE FL 33309 \$14 LAUDEROALE FL 33309 \$15 LAUDEROALE FL 33309 \$15 LAUDEROALE FL 33309 \$16 LAUDEROALE FL 33309 \$17 LAUDEROALE FL 33309 \$18 LAUDEROALE FL 33309 \$18 LAUDEROALE FL 33309 \$19 LAUDEROALE FL 33309 \$10 LAUDEROALE FL 33309 | 1. Entity Nam  | ė,   | 950000                 | 001846   |               |   | FILED<br>SECRETARY OF CHARG  |  |
|---|--|--|------------------------|--|---------------|---|--|--|
| SION NW. 39RO AVE. STE. 219 FT. LAUDERDALE FL 33309 FT. FT. FT. LAUDERDALE FL 33309 FT. FT. FT. LAUDERDALE FL 33309 FT. FT. FT. TAUDERDALE FL TAUTERDALE FL TA  | W-BRICK, LTD.  |  |                        |  |               |   | SECRETARY OF STATE<br>DIVISION OF CORPORATIONS   |  |
| 2. Principal Place of Business  Suite, Apr. 4, etc.  City & State  Country  Zip  Country  Exp  Exp  Exp  Exp  Exp  Exp  Exp  Ex   | 5310 N.W. 33RD AVE., STE. 219 5310 N.W. 33RD AVE., STE                           |  |                        |  |               |   | 00 FEB -4 AM 9: 55   |  |
| 2. Mailing Address Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  Country  So Country  Sored Address of New Registered Agent  Name and Address of New Registered Agent  Sored Address (P.O. Sox Number is Not Acceptable)  For Required  Sored Address (P.O. Sox Number is Not Acceptable)  Coly  FL Zip Code  So Note: Sored Address (P.O. Sox Number is Not Acceptable)  Signature of the Source Agent agents of  |  |  |                        |  |               |   |  |  |
| City & State  City & State  City & State  City & State  Country  C  | 2. Principal Place of Business 3. Mailing Address                                |  |                        |  |               |   | ;  |  |
| Zip Country Zip Country 5. Certificate of Status Desired Status St  | Suite, Apt. #, etc.  |  |                        | Suite, Apt. #, etc.                                |               |   | DO NOT WRITE IN THIS SPACE .   |  |
| Second   S  | City & State   |  |                        | City & State                                       |               | <del>-</del>                              | 4. FEI Number 65-0716767 Applied Fo  |  |
| BARBER, KENNETH T \$310 N.W. 33RD AVE, STE. 219 FT. LAUDERDALE FL 33309  City FL Zio Code  City FL Zio  | Zip Country  |  |                        | Zip Cour   |               | ntry                                      | 5 Cortificate of Status Desired \$8.75 Additional  |  |
| BARBER, KENNETH T \$310 N.W. 33RD AVE, STE. 219 FT. LAUDERDALE FL 33309  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.  SIGNATURE  9. Caphal Contributions \$99.00 in Amount of Caphal Contributions as Shown on record.  9. Caphal Contributions Specific General Partners MAY NOT be changed on the form; an amendment must be filled to change 3 general partner.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change 3 general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change 3 general partner.  12. GENERAL PARTNER INFORMATION 13. MADRESS CHANGES ONLY  STREET ALORESS OTY-ST-2P  FT. LAUDERDALE FL 33309  GTY-ST-2P  COUMENT MAKE  STREET ALORESS  GTY-ST-2P  COUMENT AND ACTIVE ST-2P  COUNTS ACTIVE  | 6. Name and Address of Current Registered Agent                                  |  |                        |  |               | Nama                                      | 7. Name and Address of New Registered Agent  |  |
| S310 N.W. 33RD AVE., STE. 219 FT. LAUDERDALE FL 33309  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions 99.00 10. Amount of Capital Contributions 99.00 11. Amount of Capital Contributions 98. Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. DOQUAMBIT NNE STRETADORSS CITY-ST-2P FT. LAUDERDALE FL 33309  STRETADORSS STRETADORSS STRETADORSS STRETADORSS OTY-ST-2P   | BARBER, KENNETH T  |  |                        |  |               |   |  |  |
| 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, hyord or printed name of registered agent and title if applicable.  P. Capital Contributions as Shown on record.  \$99.00  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  PORTOGOMENT / NAME  STRET ADDRESS  CITY-ST-2P  DOUMENT / ST-2P  DOUMENT / NAME  STRET ADDRESS  CITY-ST-2P  |  |  |                        |  |               | Sirect Address                            | o (i.e. sox italiaes it italiaes)  |  |
| B. 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    Summure, typed or printed name of incidence agent and title if applicable.   (NOTE: Registered Agent diphaluse initial dephatics ini  | FI. LAUDERDALE FL 33309  |  |                        |  |               | City Zip Code                             |  |  |
| SIGNATURE  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  P94000007037 TRION VENTURES VII, INC.  STREET ADDRESS CITY-ST-ZP  TOUMENT / ST-ZP  TOUMENT / ST-ZP  DOCUMENT / S  | The charge parties submits this statement for the purpose of changing its regist |  |                        |  |               |   |  |  |
| Signature, upward printed named of legisphore degree and that Respicables. (ANOTE Registered Agent signature required when revealable)  9. Capital Contributions \$99.00 10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOQUMENT / NAME  STRETADORESS CITY-ST-ZP TIL AUDERDALE FL 33309  TIREST ADDRESS CITY-ST-ZP TOCUMENT / ST-ZP TOCUMENT / NAME  STREET ADDRESS CITY-ST-ZP TOTY-ST-ZP TOTY-ST-ZP TOTY-ST-ZP TOTY-ST-ZP TOTY-ST-ZP TOUGHARTT / NAME  STREET ADDRESS CITY-ST-ZP TOTY-ST-ZP TOTY-S   | 6. The accive  | Trained entity subtritis this sit                                  | TICH TOT THE           | pulpose of changing to                             | a register    | od omod or regio                          |  |  |
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| TIZ. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / TRION VENTURES VII, INC. 57 10 N.W. 33RD AVENUE, STE. 219 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 333  | W00:00   |  |                        |  |               | butions                                   | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION  |  |
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|   | STREET ADDRESS   |  |                        |  | СП            | /-ST-ZIP                                  |  |  |
| 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 General Partner of the limited put the receiver or trustee empowered to execute his report as required by Chapter \$20, Florida Statutes   | 14. I hereby of indicated  | certify that the information sup<br>on this report is true and acc | oplied with this       | filing does not qualify formy signature shall have | or the exe    | emption stated in<br>le legal effect as i | Section 119.07(3)(i), Florida Statutes. I further certify that the France frame of the limited partner of the limited partner. |  |
| the receiver or trustee empowered to execute his report as required by Chapter 120, Florida Statutes  SIGN (VALE) - WW  | the receiv   | ver or trustee empowered to e                                      | execute his rep        | ort ar required by Cha                             | pter \$20,    | Florida Statutes                          | <u> </u>   |  |

Date

Daytime Phone #