

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 25, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000000795**1. Entity Name
TEKSEL, L.L.C.

Principal Place of Business 1426 GARCIA AVENUE CORAL GABLES FL 33146	Mailing Address 1426 GARCIA AVENUE CORAL GABLES FL 33146
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2. Principal Place of Business 4200 TOLEDO STREET Suite, Apt. #, etc.	3. Mailing Address 4200 TOLEDO STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State CORAL GABLES FL	City & State CORAL GABLES FL	4. FEI Number 65-0974123	Applied For <input type="checkbox"/> Not Applicable
Zip 33146	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WOLFSTHAL THEODORE D 1426 GARCIA AVENUE CORAL GABLES FL 33146	7. Name and Address of New Registered Agent Name WOLFSTHAL THEODORE D Street Address (P.O. Box Number is Not Acceptable) 4200 TOLEDO STREET City CORAL GABLES FL Zip Code 33146
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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.

SIGNATURE _____ DATE **03/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLFSTHAL THEODORE D 1426 GARCIA AVENUE CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLFSTHAL THEODORE D 4200 TOLEDO STREET CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Change <input 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 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 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 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 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 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)(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: Theodore D. Wolfsthal Mgr 03/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)