

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000000843**1. Entity Name
CENETEC, L.L.C.

Principal Place of Business	Mailing Address
4950 BLUE LAKE DRIVE SUITE 900 BOCA RATON FL 33431	4950 BLUE LAKE DRIVE SUITE 900 BOCA RATON FL 33431

2. Principal Place of Business	3. Mailing Address
4950 COMMUNICATION AVE Suite, Apt. #, etc. SUITE 900	4950 COMMUNICATION AVE Suite, Apt. #, etc. SUITE 900

City & State	City & State
BOCA RATON FL	BOCA RATON FL

Zip	Country	Zip	Country
33431		33431	

4. FEI Number
06-1573442

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE ROBERT CJR C/O CENTETEC, L.L.C. 4950 BLUE LAKE DRIVE SUITE 900 BOCA RATON FL 33431 US	Name WHITE ROBERT CJR Street Address (P.O. Box Number is Not Acceptable) C/O CENTETEC, L.L.C. 4950 COMMUNICATION AVE., SUITE 900 City BOCA RATON FL Zip Code 33431

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 **04/30/2001**
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DALEEN JAMES 4950 COMMUNICATION AVE, SUITE 900 BOCA RATON FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRYAN GREGORY J 4950 COMMUNICATION AVE, SUITE 900 BOCA RATON FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARJOVEC FIRST FAMILY LIMITED PARTNERSHIP 4950 COMMUNICATION AVE, SUITE 900 BOCA RATON FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JCH FAMILY, LP 4950 COMMUNICATION AVE, SUITE 900 BOCA RATON FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WDH FAMILY, LP 4950 COMMUNICATION AVE, SUITE 900 BOCA RATON FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE SCOTT H. ADAMS REVOCABLE TRUST 4950 COMMUNICATION AVE, SUITE 900 BOCA RATON FL 33431 <input type="checkbox"/> Change <input checked="" 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: **WILLIAM D HAGER** MGR 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)