

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000003117**1. Entity Name  
THE SENG GROUP, LLC

Principal Place of Business 2181 NORTHWEST 139TH TERRACE  FORT LAUDERDALE FL 33028	Mailing Address 2181 NORTHWEST 139TH TERRACE  FORT LAUDERDALE FL 33028
---	---

2. Principal Place of Business 2181 NORTHWEST 139TH TERRACE  Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 260608  Suite, Apt. #, etc.
---	--

DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL	4. FEI Number <b>65-0996668</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip 33028	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET  TALLAHASSEE FL 323012525 US	7. Name and Address of New Registered Agent 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.

SIGNATURE **CORPORATION SERVICE COMPANY****04/19/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	MGRM ELLIS CHRISTOPHER M 2181 NW 139TH TERRACE PEMBROKE PINES FL 33026 <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 THOMAS-ELLIS YOLANDE 2181 NW 139TH TERRACE PEMBROKE PINES FL 33028 <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	<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: Yolande Thomas-Ellis****MGR****04/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)