

**LIMITED LIABILITY COMPANY  
2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Mar 25, 2002 8:00 am  
Secretary of State**

03-25-2002 90168 040 \*\*\*\*55.00

DOCUMENT # **L00000003281**  
1. Entity Name  
**ADVANCED DATABASE TECHNOLOGIES LLC**

**DO NOT WRITE IN THIS SPACE**

**80049603**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4550 47TH ST WEST</b>		3. Mailing Address <b>4550 47TH ST WEST</b>		4. FEI Number <b>65-0988630</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>SUITE 503</b>		Suite, Apt. #, etc. <b>SUITE 503</b>			
City & State <b>BRADENTON, FL</b>		City & State <b>BRADENTON, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>34210</b>	Country <b>USA</b>	Zip <b>34210</b>	Country <b>USA</b>		

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>EUGENE SCHIAVONE</b>
Street Address (P.O. Box Number is Not Acceptable) <b>4550 47TH ST WEST</b>
<b>SUITE 503</b>
City <b>BRADENTON</b> FL Zip Code <b>34210</b>

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

**FEE IS \$50.00  
Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGAM EUGENE SCHIAVONE 4550 47TH ST. WEST, SUITE 503 BRADENTON, FL 34210</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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: **Eugene Schiavone** **15 MARCH 2002 941-795-7277**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #