

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 11, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000003541****1. Entity Name**  
MICON TECHNOLOGIES, LLC

Principal Place of Business	Mailing Address
3982 EUNICE ROAD  JACKSONVILLE FL 322501902	3982 EUNICE ROAD  JACKSONVILLE FL 322501902

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	14286-19 BEACH BOULEVARD PMB 383
City & State	City & State JACKSONVILLE FL
Zip Country	Zip Country 32250

4. FEI Number	Applied For
59-3641287	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$5.00

DO NOT WRITE IN THIS SPACE

**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
ANDERSON MICHAEL G
Street Address (P.O. Box Number is Not Acceptable)
3982 EUNICE ROAD
City
JACKSONVILLE FL
Zip Code
32250

**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 MICHAEL G. ANDERSON****03/11/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON DANA 3982 EUNICE ROAD JACKSONVILLE FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON MICHAEL G 3982 EUNICE ROAD JACKSONVILLE FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Michael G. Anderson****MGRM 03/11/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)