

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000006535**1. Entity Name
THE TELEMARQUE GROUP LTD., LLC

Principal Place of Business 3340 SW 32 AVENUE MIAMI FL 33133	Mailing Address 3340 SW 32 AVENUE MIAMI FL 33133
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2. Principal Place of Business 10053 S.W. 16TH STREET Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 694293 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PEMBROKE PINES FL	City & State MIAMI FL	4. FEI Number 65-1015170	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip 33025	Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent STARKE LEONARDO DESQ 3340 MCDONALD ST SUITE A MIAMI FL 33133 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 **02/24/2001**
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	MGRM MACKEY HASSAN WV.PRES. 1220 N.E. 138TH STREET NORTH MIAMI FL 33161 <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	MGRM MACKEY JAMES LPRES. 10053 S.W. 16TH STREET PEMBROKE PINES FL 33025 <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
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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: James L. Mackey Jr. MGRM 02/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)