LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State

DOCUMENT # L000000 8404 05-12-2002 90598 011 ****55.00 1. Entity Name ToolBiz, LLC DO NOT WRITE IN THIS SPACE 958390 2. Principal Place of Business 3. Mailing Address 361 SW 2014 Rd 3615W20Th Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Miami Fl City & State 4. FEI Number 33129 Applied For Miami. 33129 65-102 7597 Not Applicable Country Country \$5.00 Additional 33129 331*2*9 USA 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Carol Dibz DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 3138 Commodore Plaza IN THIS SPACE City Coconut Grove Zip Code 33 | 33 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 FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE General Hanager TITLÉ NAME CR2E083B (12/01 Carol Dilaz NAME 3615W 20Th Rd STREET ADDRESS STREET ADDRESS CITY - ST - ZIP Miami Fl 33129 - 1339 CITY-ST-7P Miquel A Vargas TITLE 11 TE Adminis rrate NAME NAME STREET ADDRESS 361 SW 20Th Rd STREET ADDRESS CITY-ST-ZIP Mianui F1 33129-1339 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY+ST-7IP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATION

April 29, 2002 305/85442

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