## 2002 UNIFORM BUSINESS REPORT (UBR) DOGUMENT # L0100000035 1. Entity Name CETI, L.L.C. FILED 2002 OCT 23 AM IO: 53 Principal Place of Business Mailing Address DIVISION OF CORPORATIONS 2074 20TH ST. 2074 20TH ST. SARASOTA FL 34234 TALLAHASSEE, FLORIDA SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Talkvast Rd. 12.35 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1106283 Not Applicable Zip \$5:00 Additional I.S.A. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent? 7. Name and Address of New Registered Agent Name PATTERSON, JAMES A Street Address (P.O. Box Number is Not Acceptable) 2074 20TH ST. SARASOTA FL 34234 City 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 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE PTNR Delete TITLE (9/01)☐ Change ☐ Addition NAME PATTERSON, JAMES NAME STREET ADDRESS 2074 20TH ST. STREET ADDRESS 600008544596 CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP 10/23/02--01046--002 \*\*50\_00 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete:

9.

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STREET ADDRESS

CITY-ST-ZIP.₹

6-6-02

Change

☐ Addition