FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90694 050 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000357

1. Entity Name
AMERIBRIDGE FLORIDA, L.C.

Principal Place of Business
1900 W COMMERCIAL BLVD
FORT LAUDERDALE, FL 33309

Mailing Address
PO BOX 5843
FORT LAUDERDALE, FL 33310

2. Principal Place of Business	3. Mailing Address
2455 East Sunrise Blvd.	2455 East Sunrise Blvd.
Suite, Apt. #, etc. 807	Suite, Apt. #, etc. 807
City & State Ft.Lauderdale,Florida	City & State Ft.Lauderdale,Florida
Zip 33304 / Country Broward	Zip 33304 / Country Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-106-7372 — Applied For ☐ / X Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHUTTE, BERNHARD 1900 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	Name: Cara Ebert Cameron Street Address (P.O. Box Number is Not Acceptable): 2929 East Commercial Blvd. Suite 410 City: Ft. Lauderdale FL Zip Code: 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cara Ebert Cameron — 3/29/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	P ☒ Delete	TITLE	p ☒ Change ☐ Addition
NAME	WALDO, STEW	NAME	Waldo, Sten
STREET ADDRESS	1900 W COMMERCIAL BLVD	STREET ADDRESS	2455 East Sunrise Blvd.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	CITY-ST-ZIP	Ft. Lauderdale, Fl. 33304
TITLE	V ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHUTTE, BERNHARD	NAME	
STREET ADDRESS	PO BOX 5843	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33310	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		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	

CR2E083 (10/02)

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: Sten Waldo, President,CFO — 4.23.03 — (954)561-6535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #