LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # L 01000004620 02 OCT 29 AM 10: 55 Silicon Derivatives, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address SAN BARTOLA DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ST. ADGUSTINE, FL 4. FEI Number Applied For 65-1108778 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO-NOT-WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2072 South Military TRAIL, City West Palm Beach 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, typed or printed name of registered agent and title if applicable FEE IS \$50.00 40/23/02--01095--001 **50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS MANAGE TITL F TITLE WILLIAM 200008670422 10/29/02--01099--001 **50.00 NAME 130 Providence Plantation Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ALPHARETTA, 6-A 30004 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME --STREET ADDRESS STREET ADDRESS DO_NOT_WRITE CITY-ST-ZIP CITY-ST-ZIP:-TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this fing 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.

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904-824-1004

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

SIGNATURE

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