FILED 2004 08:00 AM e

ZUU4 LIMITED LIABILITY COMPANY				Apr 29, 2004 08:00 Secretary of Stat		
1. Entity Nam	MENT # L010000083	376			5.001 y 5.1 ~ 5.005	
Principal Place of Business Mailing Address 5000 T-REX AVE 5000 T-REX AVE STE 150 STE 150 BOCA RATON, FL 33431 BOCA RATON, FL 33431			 	131 10130 ANN 10134 ANN 1013 AN		
DO NOT WRITE IN THIS SPA			CE	04222004 No Chg-LLC		
6. Name and Address of Current Registered Agent SIEGEL, NED L 5000 T-REX AVE, STE 150 BOCA RATON, FL 33431			DO NOT WRITE IN THIS SPACE			
the obligat	ions of registered agent		ed office or register	ed agent, or both, in the State of Florida. I		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS MGRM SIEGEL, NED L 5000 T-REX AVE, STE 150 BOCA RATON, FL	S/MANAGERS		(#000001399 04/29/04-801	556 26~00. 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO NOT WRI	-	
TITLE						

11. I hereby certify that the information supplied with this filling 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 💆 URE: SIGNATURE AND TYPED OR PRINTED IN

NAME STREET ADDRESS CITY - ST - ZIP

IGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #