

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90102 047 \*\*\*\*50.00

DOCUMENT # L01000011737

1. Entity Name  
**PROTEUS TECHNOLOGIES, L.L.C.**



Principal Place of Business: 5200 BABCOCK STREET, NE, SUITE #111, PALM BAY FL 32905  
Mailing Address: 5200 BABCOCK STREET, NE, SUITE #111, PALM BAY FL 32905

2. Principal Place of Business: **476 Ballard Drive**  
Suite, Apt. #, etc.:  
City & State: **Melbourne, FL**  
Zip: **32935** Country:  
3. Mailing Address: **650 S. Riverside Dr.**  
~~476 Ballard Drive~~  
Suite, Apt. #, etc.: **Indialantic**  
City & State: **Melbourne, FL**  
Zip: **32935 32903** Country:



CHECK HERE IF MAKING CHANGES

4. FEI Number: **NOT APPLICABLE**  
Applied For:  Applied For  Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: **EDWARD SPENCER BITTAR, 5200 BABCOCK STREET, NE, SUITE #111, PALM BAY FL 32905**  
7. Name and Address of New Registered Agent:  
Name:  
Street Address (P.O. Box Number is Not Acceptable): **476 Ballard Drive**  
City: **Melbourne, FL** Zip Code: **32935**

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: *[Signature]* DATE: **1/21/03**  
(NOTE: Registered Agent signature required when reinstating)

**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: <b>MGR</b>	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>EDWARD SPENCER BITTAR</b>		NAME: <b>476 Ballard Drive</b>	
STREET ADDRESS: <b>5200 BABCOCK STREET, NE, SUITE #111</b>		STREET ADDRESS: <b>melbourne, FL 32935</b>	
CITY-ST-ZIP: <b>PALM BAY FL 32905</b>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)