2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000018623

Entity Name: EXELLITECH CONSULTANTS LIMITED LIABILITY COMPANY

FILED Sep 09, 2002 Secretary of State

Current Principal Plac	e of Business:	New Princi	pal Place of Business

% CONCEPCION ROJAS LLP
283 CATALONIA AVENUE, SECOND FLOOR
CORAL GABLES, FL 33134

% CONCEPCION ROJAS & SANTOS LLP
220 ALHAMBRA CIRCLE, SUITE 350
CORAL GABLES, FL 33134
US

Current Mailing Address:

City-St-Zip:

% CONCEPCION ROJAS LLP 283 CATALONIA AVENUE, SECOND FLOOR CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

% CONCEPCION ROJAS LLP

CORAL GABLES, FL 33134

220 ALHAMBRA CIRCLE, SUITE 350

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONCEPCION, CARLOS F
283 CATALONIA AVENUE, SECOND FLOOR
CORAL GABLES, FL 33134 US

CONCEPCION, CARLOS F
220 ALHAMBRA CIRCLE
SUITE 350
CORAL GABLES, FL 33134 US

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: 09/09/2002

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

() Delete () Change (X) Addition CONCEPCION, CARLOS F Name: Name: Address: Address: 220 ALHAMBRA CIRCLE, SUITE 350 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 US Title: Title: MGRM () Change (X) Addition () Delete Name: Name: ROJAS, JOSE I Address: Address: 220 ALHAMBRA CIRCLE, SUITE 350 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 US Title: () Delete Title: MGRM () Change (X) Addition SANTOS, JOSÉ A JR Name: Name: 220 ALHAMBRA CIRCLE, SUITE 350 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

City-St-Zip:

CORAL GABLES, FL 33134 US

SIGNATURE: CARLOS F. CONCEPCION MGRM 09/09/2002