LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State

DOCUMENT # L 01 0000 1896 8 1. Entity Name CARDUNX SYS TEMS, LLE DO NOT WRITE IN THIS SPACE				9 4 5 9 4 4	
149 Chair State				DO NOT WRITE IN THIS SPACE	
City & State Corners FL City & State		City & State		4. FEI Number 58 - 26.593	3 /2 Applied For Not Applicable
3306	SS Country USA	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	***	and the second s	46.4	7. Name and Address of Curren	
DO NOT WRITE IN THIS SPACE			Namp	O Lewis Es Q (P.O. Box Number is Not Acceptable) Elados Kord	
			Street Address		
			Surto		
			City Bock	- RATIN	FL ZinCode
SIGNATURE -	Signature, typed or printed name of registered agent and title	FEE	IS \$50.00	of 00-45	DATE
	•	Make Check Payab DUE	BY MAY 1	or State	
9.	MANAGING MEMBERS / M	ANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EZELL BROWN 1900 UNIVERSITY DILVE * 149 CORM SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGINE MEMBER ROUND LIFTON		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME . STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS	DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS	SPACE
TITLE NAME Street address City-St-Zip			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with this file	. (ITLE IAME TREET ADDRESS CITY-ST-ZIP		

fimited liability company or the faceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE