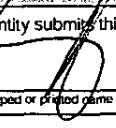
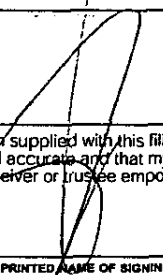


FILED  
Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90097 040 \*\*\*\*50.00

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

<b>DOCUMENT #</b> LD1000019686			
<b>1. Entity Name</b> ADELFI LLC			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 7171 N FEDERAL HWY Suite, Apt. #, etc.		<b>3. Mailing Address</b> 7171 N FEDERAL HWY Suite, Apt. #, etc.	
<b>City &amp; State</b> BOCA RATON FL <b>Zip</b> 33431 <b>Country</b> US		<b>City &amp; State</b> BOCA RATON FL <b>Zip</b> 33431 <b>Country</b> US	
<b>4. FEI Number</b> 65-1152962		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> C GLEN GED			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7171 N FEDERAL HWY			
<b>City</b> BOCA RATON <b>FL</b>		<b>Zip Code</b> 33487	
<b>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.</b>			
<b>SIGNATURE</b>  <b>1/22/02</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>DATE</small>			
<b>FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b> <b>DUE BY MAY 1</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> GP	<b>NAME</b> C GLEN GED	<b>TITLE</b>	
<b>STREET ADDRESS</b> 7171 N FEDERAL HWY		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b> BOCA RATON FL 33431		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>		<b>CITY- ST- ZIP</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>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.</b>			
<b>SIGNATURE:</b>  <b>1/22/02</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>			

CR2E083B (12/01)