FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90039 020 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020739

1. Entity Name

J RODI, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1248 Washington Avenue	1351 Collins Avenue #6
Suite, Apt. #, etc.	Suite, Apt. #, etc. #6
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139 Country USA	Zip 33139 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0025039 — Applied For / Not Applicable

5. Certificate of Status Desired X — $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Paul R. David

Street Address (P.O. Box Number is Not Acceptable): 1351 Collins Avenue #6

City: Miami Beach FL Zip Code 33139

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.

SIGNATURE [signature] Paul R. David - Registered Agent February 6, 2002

Signature, typed or printed name of registered agent and title if applicable. DATE

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Romulo J. Diez
STREET ADDRESS	1052 Eagle Road
CITY-ST-ZIP	Wayne, PA 19087
TITLE	MGRM
NAME	Paul R. David
STREET ADDRESS	1351 Collins Avenue #6
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	MGRM
NAME	Gerad A. Albers
STREET ADDRESS	1351 Collins Avenue #6
CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E063B (12/01)

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] Paul R. David, MGRM Feb. 6, 2002 305.490.6590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #