LIMITED LIABILITY COMPANY

O N	浄ORM B <u>USIN</u>	ESS REPORT	r (UBR)	Apr 10, 2002 of 04 4	
DOCUMENT # L01000022516 I. Entity Name				Secretary of State 04-18-2002 90592 001 ***450.00	
rex-mem	STRATEGIC LIGH	T, LLC .			
D	O NOT WRIT	E IN THIS S	PACE		
2. Principal Pla	ce of Business	3. Mailing Address		_	
Suite 6401 O'MIADDALENA PLACE		16410 MADDALENA PLACE Suite Apt. # els BEACH, FL 33446		DO NOT WRITE IN THIS SPACE	
DELRAY BEACH, FL 33446 City & State 561.496.2123		City & State 561.4	96.2123	4. FEI Number Applied For Not Applicable	
	IX) 561.496.6244	Zip (Tax) 56	.496.6244 Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
			Name / e	7. Name and Address of Current Registered Agent	
	DO NOT V	VRITE		SS (P.O. Box Number is Not Acceptable)	
	IN THIS S	PACE		16410 MADDALENA PLACE DELRAY BEACH, FL 33446	
			City	561.496.2123 FL Zip Code	
8. The above n	arned entity submits this statemen	t for the purpose of changing it	s registered office or regi	(fax) 561.496.6244 istered agent, or both, in the State of Florida.	
* :					
SIGNATURE	gnature, typed or printed name of registered ag	<u> </u>		DATE	
÷		Make Check P	FEE IS \$50.00 ayable to Departmer DUE BY MAY 1	nt of State	
9.	MANAGING MEM	L IBERS/MANAGERS			
TITLE NAME STREET ADDRESS	JJK MANA	GER, INC.	TITLE NAME STREET ADDRESS		
CITY-ST-ZIP	16410 MADDALE		CITY-ST-ZIP		
TITLE NAME	DELRAY BEACH 561.496.2		TITLE :		
STREET ADDRESS CITY-ST-ZIP	(fax) 561.49		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS	3		TITLE NAME STREET ADDRESS	IN THIS SPACE	
CITY-ST-ZIP TITLE		**	CITY-ST-ZIP TITLE		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	in Section 119.07/2V/). Florida Statutos I further certify that the information	

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic curale 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 province empowered to execute this report as required by Chapter 608, Florida Statutes.

SEFFREY KJKES

TRESTIEST

NTED NAME OF SIGNING MANAGING MEMBER MANAGER OF MANAGER OF MANAGER OF MANAGER OF MANAGER MAN 11. I hereby certify that the information suindicated on this report is true and a limited liability company of the received.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/02 Sb1-496-2123

Date Daytime Phone *