| 2   | 004 L   | IMITED I<br>ANNU                                      | LIABILITY CON   | PANY  | F                      | eb 11, 2<br>Secreta                                | LED<br>2004 8:00 a<br>ry of State           |  |
|---|---|---|---|---|------------------------|--|---|--|
| DOCU<br>1. Entity Nat   | IMENT   | # L020000   |   |   |                        | 02-03-2004 9                                       | 0049 039 ****50.00                          |  |
| 1801 N. MI<br>Suite 200<br>Boca Rato  | ce of Busines<br>LITARY TRAIL<br>N, FL 33431                          |   | Mailing Address<br>1801 N. Millitary TR/<br>Suite 200<br>BOCA Raton, FL 334 |   |                        |  |   |  |
|   | 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State |   | 3. Mailing Address  | 3. Mailing Address  |                        |  |   |  |
| Suite, Apt  |   |   | Suite, Apt. #, etc.   |   | 01282004               | Chg-LLC C  | R2E083 (10/03)                              |  |
| City & Sta  |   |   | City & State  |   | 4. FFI Number          | 4. FFI Number Applied Fo Applied Fo Not Applicable |   |  |
| Zip,  | -   | Country   | Zip   | Country   | - 5. Certificate c     | (Status Desired                                    | Fee Required                                |  |
| - Saragetar   | 6." Name  | and Address of Cu                                     | urrent Registered Agent   | Name  | 7. Name and J          | Address of New Regist                              | ered Agent                                  |  |
|   | <b>ILITARY 1</b>  | RAIL  | · · · · · · · · · · · · · · · · · · ·                                       | Street Address  | s (P.O. Box Number     | P.O. Box Number is Noi Acceptable)                 |   |  |
|   | 10<br>ATON, FL  | 33431   |   |   | FL <sup>Zıp Code</sup> |  |   |  |
|   |   |   |   | City  |                        |  |   |  |
| .8. The abov<br>the obligation  | e named entit<br>ations of regis                                      | y submits this staten<br>tered agent.                 | nent for the purpose of changing its  | s registered office or regist   | tered agent, or both   | in the State of Florida.                           | I am familiar with, and accept              |  |
| SIGNATURE   | Simetrie type   | or printed name of recestors                          | d agent and bile if applicable. (NO   | TE: Registered Agent signature requi  |                        | -  | DATE  |  |
|   | Tilling Fact  |   |   |   |                        |  |   |  |
|   | Due by Ma   | is \$50.00<br>y 1, 2004                               |   |   |                        |  | eck payable to<br>partment of State         |  |
| 9.,   | Due by Ma   | y 1, 2004   | EMBERS/MANAGERS   | 10.   |                        |  | pärtment of State                           |  |
|   | MGRM<br>LEONE, 5<br>660 N AN  | MANAGING M  | C Deteiz  | 10.<br>11TLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |                        | Flörida.De   | partment of State                           |  |
| 9<br>Title<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  | MGRM<br>LEONE, 5<br>660 N AN<br>FORT LA                               | MANAGING M<br>MANAGING M<br>STEVE P<br>DREWS AVE., ST | C Deteiz  | 11TLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>TITLE<br>NAME<br>STREET ADDRESS   |                        | Flörida.De   | pärtment of State                           |  |
| 9<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME  | MGRM<br>LEONE, 5<br>660 N AN<br>FORT LA                               | MANAGING M<br>MANAGING M<br>STEVE P<br>DREWS AVE., ST | CE 140<br>33309   | 11TLE<br>NAME<br>STREET ADDRESS<br>CITY - ST- ZIP<br>TITLE<br>NAME  | · · · · · ·            | Flörida.De   | Dărtiment of State -<br>NGES Clange Acolhor |  |
| B.,<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  | MGRM<br>LEONE, S<br>660 N AN<br>FORT LA                               | MANAGING M<br>MANAGING M<br>STEVE P<br>DREWS AVE., ST | Defete Defete Defete Defete Defete  | IIILE<br>NAME<br>STREET ADDRESS<br>CTIV-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CTIV-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CTIV-ST-ZIP  |                        | Flörida.De   | Dărtiment of State                          |  |
| 9<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>-TITLE<br>NAME                                 | MGRM<br>LEONE, S<br>660 N AN<br>FORT LA                               | MANAGING M<br>MANAGING M<br>STEVE P<br>DREWS AVE., ST | Detete Detete Detete Detete Detete Detete                                   | 11TLE<br>NAME<br>STREET ADDRESS<br>CTTY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CTTY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CTY-ST-ZIP<br>1<br>TITLE<br>TITLE<br>TITLE<br>NAME   |                        | Flörida.De   | Dărtment of State                           |  |
| 9<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LEONE, 5<br>660 N AN<br>FORT LA                               | MANAGING M<br>MANAGING M<br>STEVE P<br>DREWS AVE., ST | Defete Defete Defete Defete Defete Defete Defete Defete                     | 11TLE   NAME   STREET ADDRESS   CITY - ST - ZIP   TITLE   NAME   STREET ADDRESS   CITY - ST - ZIP   TITLE   MAME   STREET ADDRESS   CITY - ST - ZIP   TITLE   NAME   STREET ADDRESS   CITY - ST - ZIP   TITLE   NAME   STREET ADDRESS   CITY - ST - ZIP   TITLE   NAME   STREET ADDRESS   CITY - ST - ZIP |                        | Flörida.De   | Dărtrinent of State                         |  |



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 5, 2004

PRIVATUS CAPITAL LLC 1801 N. MILITARY TRAIL SUITE 200 BOCA RATON, FL 33431

## Subject: PRIVATUS CAPITAL LLC

Reference Number: L0200006028

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If-you have additional-questions-or-need-further-assistance, please-call-the-Division of Corporations at (850) 245-6051.

/mw ANNUAL REPORTS SECTION