

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90027 018 ****50.00

0025738

DOCUMENT # **L02000009609**

1. Entity Name
ZONELOGIX, LLC



Principal Place of Business Mailing Address

**1181 CAMELLIA CIRCLE
SUITE 202
WESTON FL 33326**

**1181 CAMELLIA CIRCLE
SUITE 202
WESTON FL 33326**

2. Principal Place of Business 3. Mailing Address

444 Sailboat Circle **444 Sailboat Circle**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Weston, FL 33326 **Weston, FL 33326**

Zip Country Zip Country

33326 USA **33326 USA**

4. FEI Number Applied For

37-1460543 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GROSS, TODD W
1181 CAMELLIA CIRCLE
SUITE 202
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **Todd Gross**

Street Address (P.O. Box Number is Not Acceptable)
444 SAILBOAT CIRCLE

City **Weston, FL** Zip Code **33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **Todd Gross** DATE **3/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GROSS, TODD W	
STREET ADDRESS	1181 CAMELLIA CIRCLE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM/D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gross, Todd W.	
STREET ADDRESS	444 Sailboat Circle	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* SIGNATURE REQUIRED

Date **3/11/03** Daytime Phone # **299-1084**

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

CR2E083 (10/02)