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2003 SEP 29 PM 4:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015570

1. Entity Name
ALPHATEC SYSTEMS LLC

Principal Place of Business	Mailing Address
10 COLLEGE TERRACE LONDON, SUSSEX, NA E3 5A-N UK	10 COLLEGE TERRACE LONDON, SUSSEX, NA E3 5A-N UK

2. Principal Place of Business	3. Mailing Address
20 S. Broad Street Suite, Apt. #, etc.	20 S. Broad Street Suite, Apt. #, etc.
Brooksville, FL 34601 City & State	Brooksville, FL 34601 City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ACTIVEFILINGS LLC
10651 NE 11 COURT
MIAMI SHORES, FL 33138

7. Name and Address of New Registered Agent

Name: Florida & Offshore Business Formation, Inc.

Street Address (P.O. Box Number is Not Acceptable)
20 S. Broad Street

City: Brooksville FL Zip Code: 34601

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: Adam Siegrader 9/19/03
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TONB, GEORGE 68 BLOMFIELD ROAD LONDON, NA W9 2PA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Arthur Gorniche 10 College Terrace London, Sussex, NA E3 5A-N UK	☐ Change ☒ Addition
		☐ Delete			☐ Change ☐ Addition
		☐ Delete		100023675051 10/09/03--01070--032 **50.00	☐ Change ☐ Addition
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CR2E083 (10/02)

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: S. Miller Authorized Rep 9/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #