

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/21/2003-90316-030-\$50.00-\$50.00

DOCUMENT # L02000020750

1. Entity Name
SKYTERRA, LLC



FILED
03 MAR -7 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
151 CRANDON BLVD., SUITE 207
C/O GERARD P. BRAUN
KEY BISCAYNE FL 33149

Mailing Address
151 CRANDON BLVD., SUITE 207
C/O GERARD P. BRAUN
KEY BISCAYNE FL 33149



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
57-1439377

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
BRAUN, GERARD P
151 CRANDON BLVD., SUITE 207
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent
Name: **BRAUN, Gerard**
Street Address (P.O. Box Number is Not Acceptable)
151 Crandon Blvd
Suite 207
City **Key Biscayne** FL Zip Code **33149**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gerard P. Braun - President* DATE 2/11/03

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Gustav Braun - Chairman</i> <input type="checkbox"/> Delete <i>151 Crandon Blvd, Suite 207</i> <i>Key Biscayne FL 33149</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Gustav P. Braun - Chairman</i> <input type="checkbox"/> Delete <i>360 North St, PO Box 468</i> <i>Norfolk CT 06058</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Therese D. Braun</i> <input type="checkbox"/> Delete <i>Executive VP</i> <i>360 North St. PO Box 468</i> <i>Norfolk, CT 06058</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gerard P. Braun* DATE: 2/26/03 DAYTIME PHONE #: (305) 439-6798

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

CR2E083 (10/02)