2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003
Secretary of State

DOCUMENT# L02000030312

Entity Name: TRIAD OAKWOOD VENTURES I, LLC

Current Principal Place of Business:

ONE OAKWOOD BOULEVARD, SUITE 195
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

ONE OAKWOOD BOULEVARD, SUITE 195
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SCHULTZ, DAVID
Address: 1 OAKWOOD BLVD. #195
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGR ( ) Change (X) Addition
Name: REICH, DAVID
Address: 1 OAKWOOD BLVD. #195
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: MGR ( ) Change (X) Addition
Name: PFEFFER, OLIVER
Address: 1 OAKWOOD BLVD. #195
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: OLIVER PFEFFER MGR 09/12/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date