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

DOCUMENT # L02000032424

1. Entity Name

SIGNATURE

JEOSURF TECHNOLOGIES GROUP LLC



FILED Jul 07, 2003 8:00 am Secretary of State 07-07-2003 90075 004 ****50.00

10109652

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					- 14 A - 12 may	
2. Principal P	Place of Business	3. Mailing Address				
	SW 10th STREET	SAME		i		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE
City & Stat	e	City & State			4. FEI Number	Applied For
BOUNTO	N BEACH FL				20-00668A5	Not Applicable
Zip 7234	126 PALM BEACH	Zip	Coun	try	5. Certificate of Status Desired	\$5.00 Additional Fee Required
			Į		7. Name and Address of Current Registere	d Agent
*****			-	Name	PROPATION SERVICE COMP	MARIL
	DO NOT WI	MIE .			P.O. Box Number is Not Acceptable)	1164
	IN THIS SPA	ACE		1201 H	AUS STREET	
				TALIAH	ASSEE	32301
				City	Fi	Zip Code
8. The above	named entity submiss this statement for	the purpose of changing its	registere	ed office or register	red agent, or both, in the State of Florida. I am	familiar with, and accept
the obligat	tions of registered agent./	are parpose or analigning to	rogiotore	o omeo or register	Journal of South and State of Contract of	, and a decept
,		_ _			7/02	2/03
SIGNATURE .	Signature typed or printed partie of registered agent ar	d title if applicable.	Canada con contract		/DATE	
€			FEE IS	\$50.00		
	// .	Make Check Payab	and the state of		nt of State	
<u> </u>	\mathcal{U}_{\perp}		OUE BY	MAY 1		
9.	MANAGING MEMBER	IS/MANAGERS				
TITLE	RESICEO		i - TITLE	tration and a second floor		
NAME STREET ADDRESS :	FAULE. HOGUE IR		NAM	ET ADDRESS		
CITY-ST-ZIP	THE ASKEDVE		建物物种种	-ST-ZIP		
TITLE	VP.		TILE			
NAME '	WENDOLYN S. HOGUE		NAM	Ē		
STREET ADDRESS CITY-ST-ZIP	SAME AS ABOVE		建筑建筑	et address - ST-Zip		
TITLE	SECRETARY		- In FITLE	的人可以及其他的人的可以的的特殊		
NAME	SUZANNE D. LAHAURE	Į¥.	NAM			
STREET ADDRESS	159 MARINA WAY SLI		STRE	ET ADDRESS	DO NOT WRI	TE
CITY-ST-ZIP	TELRAY BOH. FL 334	83	CITY	-ST-7/P	DO NOLWA	I E
TITLE			TITLI	ere en	IN THIS SPACE	CE
NAME STREET ADDRESS			NAM	E Et address		
CITY-ST-ZIP			洲洲	-ST-ZiP		
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NAME	}		NAM	the second section is a second second		
STREET ADDRESS	(STRE	ET ADDRESS		
CITY-ST-ZIP			GITY	-ST-ZIP	and the second s	
TITLE			TITLE	Part Control		
NAME			NAM			
STREET ADDRESS	(×// /			ET ADDRESS		
CITY-ST-ZIP		- 	W. C 16/450	-ST-ZIP		
11. I hereby of indicated limited lia	certify that the information subfilled with to fon this report is true and adoutage and to ability company or the receiver or trustee	this filing does not qualify fo hat my signature shall have empowered to execute this	r the exe the same report as	mption stated in Se e legal effect as if n required by Chap	ection 119.07(3)(i), Florida Statutes. I further ce nade under oath; that I am a managing memb ter 608, Florida Statutes.	ertity that the information per or manager of the

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE