2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# L02000034162

Entity Name: MOTEK HOLDINGS, LLC

Current Principal Place of Business:

19101 MYSTIC POINT DRIVE, SUITE 3808
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19101 MYSTIC POINT DRIVE, SUITE 3808
AVENTURA, FL 33180

New Mailing Address:

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

Name and Address of Current Registered Agent:

BRONSTEIN, DINA
3511 W COMMERCIAL BLVD
STE 200
FORT LAUDERDALE, FL 33309 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: MGR ( ) Delete
Name: BRONSTEIN, HILLEL
Address: 19101 MYSTIC POINT DRIVE, SUITE 3808
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete
Name: BRONSTEIN, PAULETTE
Address: 19101 MYSTIC POINT DRIVE, SUITE 3808
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete
Name: BRONSTEIN, DINA
Address: 19101 MYSTIC POINT DRIVE, SUITE 3808
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HILLEL BRONSTEIN MGR 07/12/2004

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