


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90307 045 ****50.00

DOCUMENT # L02000034377	
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1. Entity Name SOURCE FORCE, LLC	Principal Place of Business 3470 OAK RIDGE CIRCLE WESTON, FL 33331	Mailing Address 3470 OAK RIDGE CIRCLE WESTON, FL 33331
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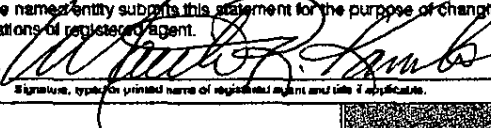
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 3740 OAK RIDGE CIRCLE	Suite, Apt. #, etc. 3740 OAK RIDGE CIRCLE
City & State WESTON, FL	City & State WESTON, FL
Zip 33331	Zip 33331
Country	Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KAMULA, MATTHEW R ESQ 9600 SOUTH DADELAND BLVD., SUITE 710 MIAMI, FL 33168	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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  DATE **4/16/03**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:  **EDWARD A. MORELLI** **4/21/03** **954-423-5804**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CPRE083 (10/02)

Attachment 300591404
#LD2000034377

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

April 21, 2003

Dear Division of Corporations,

I am writing to you to explain the changes I made on the enclosed Uniform Business Report. I am modifying the business address. For some reason, the address that was entered was entered incorrectly from the Articles of Incorporation paper work filed for Source Force, LLC. My name was also omitted as the Managing Member of Source Force, LLC. Source Force is a single member LLC with no employees. Therefore, I should be listed as the only managing member of the corporation.

If you have any questions, feel free to contact me at my daytime phone number or on my cellular phone.

Sincerely, _____



Edward Morelli
954-423-5804 (Daytime)
954-816-6675 (Cellular)
Source Force, LLC
Enclosure (1)