## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 16, 2003 8:00 am Secretary of State

DOCUMENT # L02000034463  1. Entity Name  BRAUN ANALYTICS, LLC					03-26-2003 90048 010 ****50.00	
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business  3. Mailing Address				55026080		
376 Winters Greet 37 Suite, Apt. #, etc. Suite LUEST PALM BEACH, FL		376 WINTERS Suite, Apt, #, etc.	376 WINTERS Street Suite, App. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta	ite	City & State Wy	PUM	Beach IEC	4. FEI Number	Applied For Not Applicable
Zip 33405	S Country USA	Zip 33405	Coun	usA-	5. Certificate of Statos Desired	55.00 Additional see Required
				_	7. Name and Address of Current Registered	Agent
				Name ROD BRAUN		
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable)			
•					acm BEACH, FL	Zip Code 33 40 5
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 Signature spared injuried name of registered agent and bite if applicable.  3/2-2/03  DATE						
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1						
9.	MANAGING MEMBER	S/MANAGERS				
TITLE	Principal		THE	SERVICE CONTRACTOR OF THE PARTY		120
NAME	ROD BRAUN		NAME	The second of the second	in the second	
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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						

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

3/22/03

561-351-1210

Date

Daytime Phone #