2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED SAF Mar 14, 2005 08:00 AM Secretary of State

| DOCUMENT # L03000003138 1. Entity Name SUPPLY CHAIN EXECUTIVE ADVISORS, LLC | | | | | | Sec | cretary of | State |
|--|---|---------------------|--|----------------------|----------------|---|--|--------------------------------|
| Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI, FL 33131 MIAMI, FL 33131 | | | | TE 0-305 | - | - Sairt hai fai k sa in sa i | (A TTIII TTITT IIRE STAT SITI I | (11 1) 21 |
| | Place of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 01062005 | Chg-LLC | CR2E083 (10/03) | |
| City & State | | City & State | | 4. FEI Number 26-005 | | | oplied For of Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | S5.00 Add Fee Require | |
| | 6. Name and Address of Current | | | Name | 7. Name and | Address of New F | legistered Agent | |
| 520 BRICE #0-305 | OBAL CORPORATE ADMINIS | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MIAMI, FL | . 33131 | | | City | | | FL Zip Cod | е |
| 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, typed of phried name of registered agent and title if applicable. (NOTÉ: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | | | Florida | e check payable to a Department of Stat | • |
| 9. | MANAGING MEMBE | | 10. | | | ADDÎTIONS/ | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TYNDALL, GENE R 520 BRICKELL KEY DRIVE, SUI MIAMI, FL 33131 | TE 0-305 | • | | | U00000 03/14/05- | □ Change 0263644 -80104-009 50 | □ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | | ſ | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | 1 | <u>-</u> - | | ☐ Change | Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delate | CITY- | ET ADORESS ST-ZIP | | | ☐ Change | Addition |
| 11. I hereby certify that the information supplied with this filling 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. | | | | | | | | |