AMENDED

LIMITED LIABILITY COMPANY-
UNIFORM BUSINESS REPORT (UBR)

FILED 504100905809

04-05-2004 90501 014 ****50.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

34004059

DOCUMENT # L03000010392

1. Entity Name

OFNI, LLC

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3800 S OCEAN DR, Suite 233		4411 BEE RIDGE ROAD	
Suite, Apt. #, etc		Suite, Apt. #, etc. #496	
City & State: HOLLYWOOD, FL		City & State: SARASOTA, FL	
Zip: 33019	Country	Zip: 34233	Country

4. FEI Number 56-2328845 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: IRIS GLASGOW

Street Address (P.O. Box Number is Not Acceptable): 3000 E SUNRISE BLVD #1106

City: FT LAUDERDALE FL Zip Code: 33304

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 or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	~~PRESIDENT~~ MANAGER	TITLE	
NAME	DR G F STEINER	NAME	
STREET ADDRESS	4411 BEE RIDGE ROAD #496	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34233	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E083E (12/02)

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] DR G F STEINER 4/2/2004 954-456-3950

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