2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004
Secretary of State

DOCUMENT# L03000044898

Entity Name: SAPIENT GROUP, LLC

Current Principal Place of Business:

700 NW 155 TERRACE
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 820232
PEMBROKE PINES, FL 33082 US

New Mailing Address:

FEI Number: 86-1088368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOVAFFAGH, NEYSAN
700 NW 155 TERRACE
PEMBROKE PINES, FL 33028 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: MGRM ( ) Delete
Name: FALCONER, JOHN
Address: 6500 CUTTY SARK NORTH
City-St-Zip: ANCHORAGE, AK 99502 US

Title: MGRM ( ) Delete
Name: MOVAFFAGH, NEYSAN
Address: 700 NW 155 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028 US

ADDITIONS/CHANGES:

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: NEYSAN MOVAFFAGH MGRM 02/25/2004

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