

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 30 AM 8:52

<b>DOCUMENT # L04000090491</b> 1. Entity Name <b>STACTUM, LLC</b>				DIVISION OF CORPORATIONS <b>05 SEP 30 AM 8:52</b>	
Principal Place of Business <b>1900 SUNSET HARBOUR DRIVE APT. 1203 MIAMI BEACH, FL 33139</b>		Mailing Address <b>1900 SUNSET HARBOUR DRIVE APT. 1203 MIAMI BEACH, FL 33139</b>		  09282005 REIN-LLC CR2E101 (6/04)	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country		City & State  Zip Country			
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input 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  <b>MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE. SECOND FLOOR CORAL GABLES, FL 33134</b>			
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUTIERREZ, RAUL J 1900 SUNSET HARBOUR DRIVE MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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:			Date: <b>9/28/05</b> Time: <b>(305) 531-9283</b>		