FILED

03 FEB 14 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001373

1. Entity Name
PARETO SOLUTIONS, L.C.

Principal Place of Business	Mailing Address
~~1237 AVONDALE LANE~~ ~~WEST PALM BEACH, FL 33409~~	1237 AVONDALE LANE WEST PALM BEACH, FL 33409

2. Principal Place of Business	3. Mailing Address
105 SEDONA WAY	105 SEDONA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS FL	City & State: PALM BEACH GARDENS FL
Zip: 33418 Country: ~~USA~~ PALM BEACH	Zip: 33418 Country: PALM BEACH ~~USA~~

CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0808817 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROSKOWSKI, ANTHONY ~~1237 AVONDALE LN~~ ~~WEST PALM BEACH, FL 33409~~	Name Street Address (P.O. Box Number is Not Acceptable): 105 SEDONA WAY City: PALM BEACH GARDENS FL Zip Code: 33418

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: Anthony Broskowski DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BROSKOWSKI, ANTHONY T ~~1237 AVONDALE LANE~~ ~~WEST PALM BEACH, FL 33409~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 105 SEDONA WAY PALM BEACH GARDENS, FL 33418
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M BARTON, WILLIAM 63 WOODCREST ITHACA, NY 14850	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700012461187 02/13/03--01047--002 **50.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E068 (10/02)

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: Anthony Broskowski

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