

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 26 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000003317370--9
-07/10/00--01024--004
*****50.00 *****50.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98/143
1. Entity Name *Software Services L.C.*

Principal Place of Business *5100 W Copans Road
Suite 500
Margate FL 33063*
Mailing Address *8010 Whetnee Drive
Coral Springs FL 33067*

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number *65-0839039*
Applied For Not Applicable
5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
*Kessler, Elliot
4020 Sheridan Street
Suite C
Hollywood FL 33021*

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	<i>MGRM</i>	<input type="checkbox"/> Delete
NAME	<i>Narany, Mukesh</i>	
STREET ADDRESS	<i>8010 W Leitner Drive</i>	
CITY-ST-ZIP	<i>Coral Springs FL 33067</i>	
TITLE	<i>MGRM</i>	<input type="checkbox"/> Delete
NAME	<i>Narany, Namrata</i>	
STREET ADDRESS	<i>8010 W Leitner Drive</i>	
CITY-ST-ZIP	<i>Coral Springs FL 33067</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date *6/21/00* (991)623-3113
Daytime Phone #

CR2E083 (11/99)