## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9800001536					EJLEO			
TERABIT	TECHNOLOG-EASE, L.L.C.				FILED SECRETARY OF DIVISION OF CORF	F STATE PORATIONS		
Principal Place of Business Mailing Address					00 OCT -3 AMII: 02			
12141 TUMBLEWEED COURT WEST PALM BEACH FL 33414  12141 TUMBLEWEED WEST PALM BEACH					<b>-</b>	IXI <b>BO</b> NI <b>BO</b> NI 11 <b>0</b> 41	81188 21118 8111 1881	
Principal Place of Business								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI	4. FEI Number Applied For Not Applicable			
Zip Country		Zip Country		5. Ce	5. Certificate of Status Desired See Required Fee Required			
***	6. Name and Address of Current F	Registered Agent		7. Nai	ne and Address of New Re	egistered Agent		
	الما الما والمساء المراضد		Name	Name				
O'TOOLE, RAYMOND F 12141 TUMBLEWEED COURT			Street A	Street Address (P.O. Box Number is Not Acceptable)				
WEST PA	ALM BEACH FL 33414		City			FL Zip C	Code	
							·	
SIGNATURE	Signature, typed or printed name of registered agent as	-	Registered Agent signal WIII FEE IS \$	50.00	ating)	DATE		
9.	MANAGING MEMBER	DO (HANNOCEDE	T 40	·	ADDITIONS	CHANCES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'TOOLE, RAYMOND F 12141 TUMBLEWEED COURT WEST PALM BEACH FL 33414	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TOOLE WEED	Cours	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 6/400LE, BARBARA A 1/214/ TUMBLEWEED COURT WEST PALM BEACH FL 33414	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCK	M. O'TOOLE TUMBLEWEED NOTON, F-C	DK Chan	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME — STREET ADDRESS CITY-ST-ZIP	MGR. DR. JAM 244 WI	ES-D. HANKIN WESOR DRIV SURGA, PA	Change	ge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		6000034	Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-10/06/ ****100	/0001 <b>:A</b> 協議 3.00 *****	igeU1₫ Addition ¥50.00 .	
NAME STREET ADDRESS: CITY-ST-ZIP		· 🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition	
indicated	certify that the information supplied with I on this report is true and accurate and the ability company or the receiver or trustee	hat my signature shall have tl	he same legal effe	ct as if made und	er oath; that I am a managi	further certify that the ng member or mana	ager of the	