

SENT BY: ;

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**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90275 008 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L98000003257**



1. Entity Name  
**ZENEX J2, L.L.C.**

Principal Place of Business  
**18046 RIO DEL SOL  
DELRAY BEACH FL 33446**

Mailing Address  
**GOLDSTEIN, LEWIN & CO.  
1900 NW CORPORATE BLVD., E-300  
BOCA RATON FL 33421**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0880298** Applied For  
Not Applicable

5. Certificate of Status Desired  - **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**QUEEN, JEFFREY  
18046 RIO DEL SOL  
DELRAY BEACH FL 33446**

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures retained when renouncing)

| 9. MANAGING MEMBERS / MANAGERS                 |  | 10. ADDITIONS / CHANGES         |  |
|--|--|---------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>QUEEN, JEFFREY<br/>18046 RIO DEL SOL<br/>DELRAY BEACH FL 33446</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 5/14/03

SIGNATURE MUST BE TYPED OR PRINTED BELOW OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #