2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name THE CONNEXUS RESOURCE, L.L.C. 1. Entity Name THE CONNEXUS RESOURCE, L.L.C. 1. SECRETARY OF STATE, TALL AHASSEE, FLORIDA 1. SECRETARY OF STATE, TALL AHASSEE, TALL AHASSEE, TALL AHASSEE, FLORIDA 1. SECRETARY OF STATE, TALL AHASSEE, T				I TIELD					
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Mailing Address 8611 VILLA POINT. #1233 380 SOUTH SR 434 STE 1004-310 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country S. Certificate of Status Desired For Required 6. Name and Address of Current Registered Agent Name BRADFORD, SHANNON 101 SOUTHHALL LANE, STE. 400 MAITLAND FL 32751 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 Signature, hybrid or princed served of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$5.00 Additional FL Signature, hybrid or princed served of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$5.00 Additional FL Signature, hybrid or princed served of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$5.00 Additional FL Signature, hybrid or princed served of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$5.00 Additional FL Signature, hybrid or princed served of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$5.00 Additional FL Signature, hybrid or princed served of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$5.00 Additional FL Signature, hybrid or princed served agent agent agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$5.00 Additional FL Signature, hybrid or princed served agent agent agent, or both, in the State of Florida. ADDITIONS/CHANGES TITLE MGRI TITLE MGRI TITLE MGRI ADDITIONS/CHANGES TITLE TI	THE CONNEXUS RESOURCE, L.L.C.					SECRETARY OF	STATE LORIDA		
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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.	CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP			CITY-81-ZIP TITLE NAME STREET ADDRI CITY-81-ZIP	E38				

PEQUISHER ON BRADISTO 4-11-00 407-659-0567

ING MANAGING MEMBER OR MANAGER Date Dayling Phone #

SIGNATURE: