2000 UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2000 08:00 AM DOCUMENT # L9900000532 1. Entity Name **Secretary of State** CONSILIENT VENTURES TM L.L.C. Principal Place of Business Mailing Address 4300 NORTH OCEAN BOULEVARD, PH-F 4300 NORTH OCEAN BOULEVARD, PH-P FT LAUDERDALE FT LAUDERDALE FLFL33308 33308 2. Principal Place of Business 3. Mailing Address 4300 NORTH OCEAN BOULEVARD, PH-N 4300 NORTH OCEAN BOULEVARD, PH-N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FT LAUDERDALE FL FT LAUDERDALE FL 65-0906276 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33308 33308 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHANEUF PHILIPPE A 4300 N. OCEAN BOULEVARD, PH-P Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL. 33308 US 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. PHILIPPE A PHANEUF 01/29/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGRM Delete ☐ Change ☐ Addition NAME PHANEUF PHILIPPE A STREET ADDRESS 4300 NORTH OCEAN BOULEVARD, PH-P STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

FILED