

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000000532**1. Entity Name
CONSILIENT VENTURES TM L.L.C.

Principal Place of Business 4300 NORTH OCEAN BOULEVARD, PH-N FT LAUDERDALE FL 33308	Mailing Address 4300 NORTH OCEAN BOULEVARD, PH-N FT LAUDERDALE FL 33308
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2. Principal Place of Business 4300 NORTH OCEAN BOULEVARD Suite, Apt. #, etc.	3. Mailing Address 4300 NORTH OCEAN BOULEVARD Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
Zip 33308	Country US

4. FEI Number 65-0906276	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PHANEUF PHILIPPE A 4300 N. OCEAN BOULEVARD, PH-P FT LAUDERDALE FL 33308 US	
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7. Name and Address of New Registered Agent Name PHANEUF PHILIPPE A Street Address (P.O. Box Number is Not Acceptable) 4300 N. OCEAN BOULEVARD PH-P City FT LAUDERDALE FL Zip Code 33308	
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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 _____ 05/01/2001
Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHANEUF PHILIPPE A 4300 NORTH OCEAN BOULEVARD, PH-P FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHANEUF PHILIPPE A 4300 NORTH OCEAN BOULEVARD, PH-P FT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Philippe A. Ehanuef MGRM 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)