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

## DOCUMENT # L9900000981

1. Entity Name

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**FILED** Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90446 002 \*\*\*\*50.00

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Sulte ADL #, etc.   Suite ADL #, etc.   Chy & State   Chy											
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S. Name and Address of Current Registered Agent  PUEHRINGER, JOSEF 113 EL RADO STREET LORAL-GABLES FL 33134  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and it the obligations of registered agent, and the obligations of registered agent.  SIGNATURE  PUEHRINGER, JOSEF 113 EL RADO STREET LORAL-GABLES FL 33134   SIGNATURE  PUEHRINGER, JOSEF 113 EL RADO STREET  MARKE Check Payable to Florida Department of State of Florida. I am familiar with, and it the obligations of registered agent, and the obligations of registered agent.  SIGNATURE  PUEHRINGER, JOSEF  MANAGING MEMBERS MANAGERS  PUEHRINGER, JOSEF 113 EL RADO STREET ADDRESS  OUTH 51-79  OPAL CABLES FL 33134  OUTH 51-79  O	City & State	е		City & State			4. FEI Num	ber <b>65-0894614</b>		<del></del>	pplied For ot Applicable
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Street Address (P.O. Box Number is Not Acceptable)  City						Name		<u></u>			
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and it the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and 100 if applicable. (NOTE Registered agent algoriture required when retricting)   ONTE   Proposed Agent algoriture required when retricting)   ONTE						Street Add	dress (P.O. Box Num	ber is Not Acceptable)			
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FILE NOW!!! FEE IS \$50.00    FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State Due By May 1, 2003   Make Check Payable to Florida Department of State Due By May 1, 2003   MANAGING MEMBERS   MANAGERS   10.   ADDITIONS / CHANGES	the obligati	ions of regist	ered agent.								
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  1. MANAGING MEMBERS MANAGERS 1. ADDITIONS / CHANGES  TITLE NAME CONNEX MIAMI, INC. 1313 EL PASO ST CORAL GABLES FL 33134  TITLE NAME RUSIN, THOMAS KOLPINGSTR.8 4600 WELS AUTRIA  TITLE NAME NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME	SIGNATURE .	Signature typed	or printed name of registered agent.	and title if applicable. (NOT)	E: Registere	d Agent signature	required when reinstating)		DATE		<del></del>
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11. Leavable partific that the information depoliced with this filing does not qualify for the examption stated in Section 110 07/3/(i). Florida Statutos I further certific that the information	GIT-SI-ZIP		1. d	All the first of the second of			dia 02282 : 440.07%	NO Florido Con too 11	ualn a v =1£ 11		-to-moti

I nereby 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 informatic 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 regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

AGER, OR AUTHORIZED REPRESENTATIVE

42003

Daytime Phone #