

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

DOCUMENT # L99000003512

1. Entity Name
FORENSIC ACCOUNTING AND INVESTIGATIVE
SERVICES, LLC

DO NOT WRITE IN THIS SPACE

**FILED
Jun 10, 2002 8:00 am
Secretary of State**

06-10-2002 90465 007 ****50.00

668882

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 2929 E. Commercial Blvd Suite, Apt. #, etc. Suite 410 | 3. Mailing Address SAME Suite, Apt. #, etc. |
| City & State FORT LAUDERDALE, FL Zip 33308 | City & State Zip Country USA |

| | |
|--|-------------------------------|
| 4. FEI Number 65-0929257 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | | |
|---|--|--|
| 7. Name and Address of Current Registered Agent Name CARA E. CAMERON Street Address (P.O. Box Number is Not Acceptable) 2929 East Commercial Blvd, Suite 410 City Fort Lauderdale FL Zip Code 33308 | | |
|---|--|--|

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, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WESTER, RICHARD
STREET ADDRESS 2929 E. Commercial Blvd, Suite 410
CITY-ST-ZIP Fort Lauderdale, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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: *Richard D. Wester*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/10/02 (954) 921-1202
Date Daytime Phone #