2001 UNIFORM BUSINESS REPORT (UBR)

0017285 AF

DOCUMENT # L99000003982

1. Entity Name
ACQUISITION VENTURES I, L.L.C.

FILED
01 JUN 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4350 W CYPRESS STREET SUITE 440 TAMPA FL 33607	533 S. HOWARD AVEN. PMB #853 TAMPA FL 33606

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~APPLIED FOR~~ 59-3589991 [X] Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEONARD, RIVERSON S 4350 W CYPRESS STREET SUITE 440 TAMPA FL 33607	Name RIVERSON S. LEONARD Street Address (P.O. Box Number is Not Acceptable) 533 S. HOWARD AVE PMB #853 City TAMPA, FL ~~3378~~ FL Zip Code 33785

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 RIVERSON S. LEONARD [signature] RA DATE 4/26/01
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

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-07/09/01--01007--028
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEONARD, RIVERSON S 4350 W CYPRESS STREET SUITE 440 TAMPA FL 33607	[X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVERSON S. LEONARD 533 S. HOWARD AVE, PMB #853 TAMPA, FL 33785	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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CR2E083 (11/00)

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: RIVERSON S. LEONARD [signature] MGR 4/26/01 727 480 9680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #