FILED Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90008 006 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENTA 1 2000 CO CO 1 2000				
DOCUMENT # 199000004038				
New Ventures Management, L.L.C.				and the second s
				945995
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 3. Mailing Address 1314 E. Las Olas Blvd. 1314 E. Las Olas Blvd.				1
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
Suite 180 City & State City & State			4. FEI Number Applied For	
Ft. Lauderdale, FL Ft. Lauderd			Country	650931031 Not Applicable
^{zip} 3330	1	33301	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
Name A 1 2 11				
DO NOT WRITE Andrew Same H Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE 1314 E. Las Olas Blvd. Suite 180				
"			. 0:	Lauderdale FL Zig Gige of
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 registated agent and title if applicable. And rew Barnett 4/18/02 Date				
FEE IS \$50,00				
Make Check Payable to Department of State				
9.	MANAGING MEMBE	RS/MANAGERS		32.54 14.14
NAME Andrew Barnett STREET ADDRESS 13:4 E. Las Olas Blvd., Svite 180			TITLE NAME	12.1
	1:4 E. Las Olas Biva. t-Louderdale, FL		STREET ADDRESS CITY-ST-ZIP	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		······································	TITLE	- Company of the Comp
NAME STREET ADDRESS			NAME	
CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME			TITLE .	IN THIS SPACE
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
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NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	
TITLE NAME			TITLE NAME	
STREET ADDRESS CITY+ST-ZIP	<i>:</i>		STREET ADDRESS	
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 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 memory.				
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.				
~ SIGNATUD		Andrew 6	Barnett	4/18/02 954-818-1277
SIGNATURE: VI TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date :				