

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90029 013 \*\*\*\*50.00

**DOCUMENT # L99000004378**

1. Entity Name  
**INTEREDGE TECHNOLOGIES, L.L.C.**

Principal Place of Business      Mailing Address  
**7613 SARATOGA LANE**      **P.O. BOX 25127**  
**PARKLAND FL 33067**      **TAMARAC FL 33320**

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

Zip      Country      Zip      Country

4. FEI Number **65-0937736**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COBER CORPORATE AGENTS, INC.**  
**2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR**  
**MIAMI FL 33133**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
MGR	SILVERSTEIN, LEON J		
7613 SARATOGA LANE			
PARKLAND FL 33067			
MGR	MASON SCOTT FOOTE, JR.		
27 CENTRAL AVENUE			
SAUSALITO CA 94965			
MGR	MAX WILLIAM HALS		
10680 EAST DESERT COVE			
SCOTTSDALE AZ 85259			
MGR	SILVERSTEIN, RICHARD		
12829 HIGHLAND CIRCLE			
BOCA RATON FL 33428			
MGR	AUBUCHON, KEVIN		
465 SABAL WAY			
FT. LAUDERDALE FL 33326			

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:** ~~SIGNATURE REQUIRED~~      01/25/02      (800)432-8132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)