2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004378

AUBUCHON, KEVIN

FT. LAUDERDALE, FL 33326

465 SABAL WAY

Name:

Address:

City-St-Zip:

Entity Name: INTEREDGE TECHNOLOGIES, L.L.C.

FILED Apr 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7613 SARATOGA LANE PARKLAND, FL 33067 **Current Mailing Address: New Mailing Address:** P.O. BOX 25127 TAMARAC, FL 33320 FEI Number: 65-0937736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CFRA, LLC ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD., SUITE 600 TAMPA, FL 33602 US 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Change () Addition () Delete SILVERSTEIN, LEON J Name: Name: 7613 SARATOGA LANE Address: Address: City-St-Zip: PARKLAND, FL 33067 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MASON SCOTT FOOTE, J, R. Name: Address: 27 CENTRAL AVENUE Address: City-St-Zip: SAUSALITO, CA 94965 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MAX WILLIAM HALS, Name: Name: 10680 EAST DESERT COVE Address: Address: City-St-Zip: SCOTTSDALE, AZ 85259 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SILVERSTEIN, RICHARD Name: 12829 HIGHLAND CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LEON SILVERSTEIN MGR 04/14/2004