

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L99000004544**

1. Entity Name

SILICON BEACH VENTURE CAPITAL, L.L.C.

FILED

01 MAY -7 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
4950 BLUE LAKE DRIVE, SUITE 900
BOCA RATON FL 33431Mailing Address
4950 BLUE LAKE DRIVE, SUITE 900
BOCA RATON FL 33431

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 **65-0935921**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, ROBERT C JR.
4950 BLUE LAKE DRIVE, SUITE 900
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Troy J. Rillo

Street Address (P.O. Box Number is Not Acceptable)

c/o Kirkpatrick & Lockhart LLP

201 S. Biscayne Blvd., 20th Floor

City

Miami

FL

Zip Code
33131

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.

(NOTE: Registered Agent signature required when reinstating)

Troy J. Rillo

1/26/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	☐ Delete
NAME	THE SCOTT H. ADAMS REVOCABLE TRUST	
STREET ADDRESS	4950 BLUE LAKE DRIVE, SUITE 900	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	MGRM	☐ Delete
NAME	HAGAR, WILLIAM D	
STREET ADDRESS	4950 BLUE LAKE DRIVE, SUITE 900	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	MGRM	☐ Delete
NAME	CRYAN, GREGORY J	
STREET ADDRESS	4950 BLUE LAKE DRIVE, SUITE 900	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	MGRM	☐ Delete
NAME	HANNIFAN, JOHN T	
STREET ADDRESS	4950 BLUE LAKE DRIVE, SUITE 900	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	MGRM	☐ Delete
NAME	MAJORVEC FIRST FAMILY, LIMITED PARTNERSHIP	
STREET ADDRESS	4950 BLUE LAKE DRIVE, SUITE 900	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	c/o SHA Consulting, Inc., 350 Camino
CITY-ST-ZIP	Gardens Blvd., Plaza 6, #300, Boca Raton,
TITLE	FL 33432 ☒ Change ☐ Addition
NAME	
STREET ADDRESS	c/o SHA Consulting, Inc., 350 Camino Garde
CITY-ST-ZIP	Blvd., Plaza 6, #300, Boca Raton, FL 3343
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	c/o SHA Consulting, Inc., 350 Camino Garde
CITY-ST-ZIP	Blvd., Plaza 6, #300, Boca Raton, FL 3343
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	c/o SHA Consulting, Inc., 350 Camino Garde
CITY-ST-ZIP	Blvd., Plaza 6, #300, Boca Raton, FL 3343
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	c/o SHA Consulting, Inc., 350 Camino Garde
CITY-ST-ZIP	Blvd., Plaza 6, #300, Boca Raton, FL 3343
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

10014 Adams, member 4/23/01 561-981-0200