2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

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Entity Name: WORKFORCE SOLUTIONS I, LLC

Current Principal Place of Business:

2501 SOUTH OCEAN DRIVE, SUITE 915
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

2501 SOUTH OCEAN DRIVE, SUITE 915
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 65-0951557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

WALLACE, CHARLES E
9300 W. BAY HARBOR DRIVE
BAY HARBOR ISLANDS, FL 33154 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: CHARLES E. WALLACE 04/30/2002
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MEM ( ) Delete
Name: BREEDLOVE, JAMES L
Address: 2501 SOUTH OCEAN DRIVE, STE 9150
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM (X) Delete
Name: WALLACE, CHARLES E
Address: 2501 SOUTH OCEAN DRIVE, STE 9150
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WALLACE, CHARLES E
Address: 2501 SOUTH OCEAN DRIVE, STE 915
City-St-Zip: HOLLYWOOD, FL 33019

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHARLES E. WALLACE MGRM 04/30/2002
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date