9. TITLE **MGRM** ☐ Delete TITLE Change ☐ Addition NAME R-TECH ENTERPRISES, INC. NAME STREET ADDRESS STREET ADDRESS 3862 BURNETT PARK ROAD CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME L-TECH ENTERPRISES, INC. NAME 400004423704---06/18/01--01019--012 STREET ADDRESS STREET ADDRESS 12242 SPINEY RIDGE DRIVE SOUTH CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 *****50.80 图 松柏林 50 国 Ballition TITLE ☐ Delete TITI F MGRM NAME NAMÉ S-TECH, INC. STREET ADDRESS STREET ADDRESS 1521 STARWAN ROAD EAST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 TITLE ☐ Delete TITLE ☐ Addition MGRM NAME NAME K-TECH, INC. STREET ADDRESS STREET ADDRESS 12078 CRANEFOOT DRIVE CITY-ST-ZIP. CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME D-TECH ENTERPRISES, INC. STREET ADDRESS STREET ADDRESS 12078 CRANEFOOT DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete Change ☐ Addition TITI F TITI F **MGRM** NAME 5 NAME M-TECH ENTERPRISES, INC. STREET ADDRESS STREET ADDRESS 1264 MUNDY DRIVE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207

I. 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AUGUST MAN TO DE POINTEN NAME OF SIGNING MEMBER MANAGER OF AUTHORITEN HEDRECENTAL

4/26/01

(904) 448-0420

Daytime Phone