

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000008870**1. Entity Name
CYBER OPERATIONS LLC

Principal Place of Business	Mailing Address
1070 E. INDIANTOWN RD. SUITE 400 JUPITER FL 334775150	1070 E. INDIANTOWN RD. SUITE 400 JUPITER FL 334775150

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

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0969049	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$5.00

6. Name and Address of Current Registered Agent

FECHTMEYER PHILIP CPA
11380 PROSPERITY FARMS ROAD
SUITE 220A
PALM BEACH GARDENS FL 33410 US**7. Name and Address of New Registered Agent**

Name
FECHTMEYER PHIL
Street Address (P.O. Box Number is Not Acceptable)
1070 E. INDIANTOWN RD.
SUITE 400
City JUPITER FL Zip Code 33477

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 **PHIL FECHTMEYER****01/16/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	FECHTMEYER PHIL	2359 TREASURE ISLE DR., #30	PALM BEACH FL 33410	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	GROVES JAMES	180 BARBADOS	JUPITER FL 32966	<input checked="" type="checkbox"/>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	LUKASIK RANDY	7413 METZGER, APT. A	ELMENDORF AFB AK 99506	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	LUKASIK RANDY	20501 PHILADELPHIA WAY	EAGLE RIVER AK 99577	<input checked="" type="checkbox"/>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: PHIL FECHTMEYER**MGRM 01/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)