2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
07-09-2004 90091 041 ****50.00

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07022004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M03000004358

1. Entity Name
LOCATEL USA LLC

Principal Place of Business	Mailing Address
1995 E HALLANDALE BEACH BLVD SUITE 200 HALLANDALE BEACH, FL 33009	1995 E HALLANDALE BEACH BLVD SUITE 200 HALLANDALE BEACH, FL 33009

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

4. FEI Number: 20-0482167 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, WALTER 19501 W-COUNTRY CLUB DR, APT. 701 AVENTURA, FL 33180	Name: COHEN, WALTER Street Address (P.O. Box Number is Not Acceptable): 1995 E. HALLANDALE BEACH BLVD SUITE 200 City: HALLANDALE FL Zip Code: 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] WALTER COHEN 7/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, WALTER 19501 W-COUNTRY CLUB DR, APT. 701 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, WALTER 1995 E. HALLANDALE BEACH BLVD SUITE 200 HALLANDALE FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENARROCH, ALBERTO 19501 W-COUNTRY CLUB DR, APT. 701 AVENTURA, FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENARROCH, ALBERTO 1995 E. HALLANDALE BEACH BLVD SUITE 200 HALLANDALE FL 33009	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] WALTER COHEN 7/05/04 (954)4548194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #