2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000845
Entity Name

OMNI CONNECT, L.L.C.
CROSS REF: INVESTEC LLC

FILED
00 MAY 25 PM 2:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/25

Principal Place of Business	Mailing Address
2745 W. HILLSBORO BOULEVARD, STE. 3 DEERFIELD BEACH, FL 33442	

Principal Place of Business	3. Mailing Address
766 N.W. 57 COURT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State
Zip: 33309 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: n/a — [ ] Applied For [X] 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
LEONARD K. SAMUELS, ESQ. BERGER DAVIS & SINGERMAN 100 N.E. 3RD AVENUE, #400 FORT LAUDERDALE, FL 33301	Name: LEONARD K. SAMUELS, ESQ. Street Address (P.O. Box Number is Not Acceptable): 350 E. LAS OLAS BLVD., #1000 City: FORT LAUDERDALE FL Zip Code: 33301

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: _____ 5/24/00
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

MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
MGRM SMITH, E. LEO 2745 W. HILLSBORO BLVD., STE. 3 DEERFIELD BEACH, FL 33442 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 766 N.W. 57 COURT FORT LAUDERDALE, FL 33309 [X] Change [ ] Addition
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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: _____ C. LEO SMITH, MGRM 954-984-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #