

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001529

1. Entity Name
COMCORE, L.L.C.

Principal Place of Business Mailing Address
1100 POYDRAS STREET 1100 POYDRAS STREET
1360 ENERGY CENTRE 1360 ENERGY CENTRE
NEW ORLEANS LA 70163 NEW ORLEANS LA 70163-1101

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 72-1445401 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATEL, SHEENA
7650 W COURTNEY CAMPBELL CAUSEWAY
875 WATERFORD PLAZA
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name Pete Kelley
Street Address (P.O. Box Number is Not Acceptable) 7650 W Courtney Campbell Causeway
875 Waterford Plaza
City Tampa FL Zip Code 33607

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 Peter L. Kelley DATE 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	MGRM MCCARTHY, PAUL J	<input type="checkbox"/> Delete
STREET ADDRESS	116 CHERRY CREEK	
CITY-ST-ZIP	MARDVILL LA 70448	
TITLE NAME	MGRM HERNANDEZ, GARTH D	<input type="checkbox"/> Delete
STREET ADDRESS	3407 HEATHERWOOD	
CITY-ST-ZIP	HARVEY LA 70058	
TITLE NAME	MGRM HENTON, M. ALAN	<input type="checkbox"/> Delete
STREET ADDRESS	4289 OLD BRIDGE LANE	
CITY-ST-ZIP	NORCROSS GA 30092	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

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*****50.00 *****50.00

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] DATE 4/19/00 DAYTIME PHONE # 504-585-7346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)