

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90222 041 ****55.00

DOCUMENT # L01000016688

1. Entity Name
CONTINENTAL COMMERCE, LLC

| | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Principal Place of Business 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131 | Mailing Address 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131 |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------|--------------------------------------------------|
| 2. Principal Place of Business 6930 NW 109TH COURT | 3. Mailing Address 10651 NE 11TH COURT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|--------------------------------------------------------|
| City & State MIAMI, FL | City & State MIAMI SHORES, FL | 4. FEI Number 65-1151105 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33178 | Country USA | Zip 33138 | Country USA |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMANI, GEORGE T
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

| |
|----------------------------------------------------|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State FL Zip Code |

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 _____ DATE _____
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
Due By May 1, 2002

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ZEDERBAUER, ALEXANDER 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR M ZEDERBAUER, ALEXANDER 6930 NW 109TH COURT MIAMI, FL 33178 <input checked="" 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 |
| 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: Alexander Zederbauer (ALEXANDER ZEDERBAUER) 04/28/02 305-597-8896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)