2004 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Jul 19, 2004 08:00 AM **Secretary of State** DOCUMENT # L00000013042 SPRINGTREE, LLC Principal Place of Business Mailing Address 10933 WELLWORTH AVE., #6 10933 WELLWORTH AVE., #6 LOS ANGELES, CA 90024 LOS ANGELES, CA 90024 07062004 No Cha-LLC _ CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2579244 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ANTHONY, JOHN DO NOT WRITE 201 N. FRANKLIN STREET, STE. 2200 TAMPA, FL 33602 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE UUUUUU166992 Filing Fee is \$50.00 Due by September 8, 2004 07/19/04-80006-022 50.00 MANAGING MEMBERS/MANAGERS 9. PST TITLE BAKER, CONRADIC NAME STREET ADDRESS 10933 WELLWORTH AVE., #6 CITY-ST-ZIP LOS ANGELES, CA 90024 7)7LE BAKER, CONRAD C NAME STREET ADDRESS 10933 WELLWORTH AVE., #6 C3TY - ST- ZIP LOS ANGELES, CA 90024 TRILE NAME STREET ADDRESS DO NOT WRITE DITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 fimiled liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

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