2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 06, 2004 8:00 am Secretary of State 05-06-2004 90002 028 ****50.00

RockLedge, FL RockLedge Round Registered Agent U.S. S. Certificate of Status Desired S.5.00 Additional Fee Requirement Agent Registered Agent DINER, SANDRA S 7390 SARIMENTO PLACE DELRAY BEACH, FL 33446 Covrected Registered Agent RockLedge FL RockL	1. Entity Name	VIEN I # LUTUUUU 14 ICIAL AND REAL ESTATE	b.				
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	7390 SARIMENTO PLACE		7390 SARIMENTO PLACE				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Q2172004 Cng-LLC CR2E083 (10/03) Covering Country	2. Principal Pl 10 Wind	ace of Business	3. Mailing Address 10 Wincove Lane				
Rockledge, FL SD, Additional Rockledge Rockled	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172004 Chg-LLC CR2E083 (10/03)	
Name and Address of Current Registered Agent Name and Address of New Registered Agent	City & State Rockledge, FL		City & State RockLedge, FL				
NamBiner, Sandra S.	Zip Country 32955 U.S.		Zip Country 32955 U.S.			5 Certificate of Status Desired \$5.00 Additional	
Street_Address (P.O. Don Number is Not Acceptable) Street_Address (P.O. Don Number is Not Acceptable) City Rockledge FL 7/3 5/355 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the obligations of registered agent. SIGNATURE		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
Street Address (P. D. Don Number is Not Acceptable) Street Address (P. D. Don Number is Not Acceptable) City Rockledge FL 2/3 5/255 5 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registated agent. SIGNATURE					Nampiner, Sandra S.		
A. 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 accidented by the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accidented of registered agent, or both, in the State of Florida. I am familiar with, and accidented of registered agent, or both, in the State of Florida. I am familiar with, and accidented of registered agent, or both, in the State of Florida. I am familiar with, and accidented of registered agent, or both, in the State of Florida. I am familiar with, and accidented of registered agent, or both, in the State of Florida. I am familiar with, and accidented of registered agent, or both, in the State of Florida. I am familiar with, and accidented agent, or both, in the State of Florida. I am familiar with, and accidented agent, or both, in the State of Florida. I am familiar with, and accidented agent, or both, in the State of Florida. I am familiar with, and accidented agent, or both, in the State of Florida. I am familiar with, and accidented agent, or both, in the State of Florida. I am familiar with, and accidented agent, or both, in the State of Florida. I am familiar with, and accidented agent, or both, in the State of Florida. I am familiar with, and accidented agent, or both, in the State of Florida. In the formation of State or Florida. In the Florida agent, or registered agent, or both, in the State of Florida agent, or registered agent, or registe	7390 SARI	MENTO PLACE	<u> </u>				
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 according to the obligations of registered agent. SIGNATURE Signature Sign	DELIGNIE	ERON, E OUTTO					
SIGNATURE SIGNATURE SIGNATURE Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM DINER, SANDRA STREET ADDRESS CITY-ST-2P DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446 Delete TILE MAKE MAKE STREET ADDRESS CITY-ST-2P Delete TILE MAKE STREET ADDRESS CITY-ST-2P Delete TILE MAKE STREET ADDRESS CITY-ST-2P TILE MAKE STR		·					
Filling Fee is \$50.00 Due by May 1, 2004 Provide the provided and literal approaches NOTE Programmed Agent signature required signature signature required signature required signature signature sign	the obligations of registered agent.						
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MARE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDR		Signature, typed or printed name of registered agent	and title if applicable. (NOTE: FI	Registered Agent signati	ure required		
MGRM	Due by May 1, 2004						
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS TITLE ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-	9.		ERS/MANAGERS	10.		ADDITIONS/CHANGES	
CITY-ST-ZIP DELRAY BEACH, FL 33446	NAME	DINER, SANDRA	Delete	NAME			
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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)(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	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	:	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filling 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.	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS		· Change Addition	
SIGNATURE: Sandra 1 4/29/84							