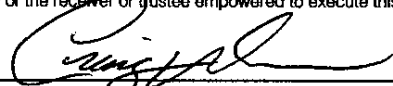


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021355 1. Entity Name HAHNER VENTURES LLC				FILED 04 MAY -4 AM 8:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4848 N.E. 12 AVE. FT. LAUDERDALE, FL 33334		Mailing Address 4848 N.E. 12 AVE. FT. LAUDERDALE, FL 33334			
2. Principal Place of Business 16151 122 Dr. N		3. Mailing Address 16151 122 Dr. N		04222004 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. Jupiter, FL		Suite, Apt. #, etc. Jupiter, FL		4. FEI Number 65-1158115	
City & State Jupiter, FL		City & State Jupiter, FL		Applied For ☐ Not Applicable	
Zip 33478		Zip 33478		Country FL	
Country FL		Country FL		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAHNER, CRAIG 16151 122 DR NORTH JUPITER, FL 33478			7. Name and Address of New Registered Agent Name Craig Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAHNER, CRAIG 4848 N.E. 12 AVE. FT. LAUDERDALE, FL 33334 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500035402215 05/04/04 - 01025--002 **250.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 			4-22-04 954-275-9901		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		