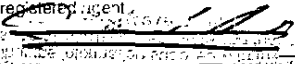
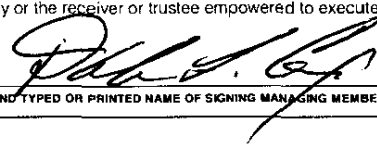


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90345 031 ****50.00

DOCUMENT # L02000002476 1. Entity Name CANDTEC, LLC					
Principal Place of Business 2459 CHENEY WAY 386 TITUSVILLE, FL 32780			Mailing Address 2459 CHENEY WAY 386 TITUSVILLE, FL 32780		
2. Principal Place of Business 2459 CHENEY HIGHWAY Suite Apt. #, etc. Suite 86 City & State Titusville, FL Zip 32780		3. Mailing Address 2459 CHENEY HWY Suite Apt. #, etc. 86 City & State Titusville, FL Zip 32780			
Country USA		Country USA		4. FEI Number 04-3600358	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent COX, DAVID B 1200 EAST HILLCREST ST., STE. 300 ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name 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:  Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	MGRM COX, DALE L 1200 EAST HILLCREST ST., STE. 300 ORLANDO, FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2459 Cheney Highway Titusville, FL 32780 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, DAVID B 1200 EAST HILLCREST ST., STE. 300 ORLANDO, FL 32803	☐ 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: 			DALE L. COX		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 2/20/04 Daytime Phone # 321-383-3400		