2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 20, 2004 8:00 am Secretary of State

| DOCUMENT # L02000011126 1. Entity Name INDEPENDENT LIVING SYSTEMS, LLC. | | | | | 01-20-2004 90203 050 ****50.00 |
|---|--|--|-------------|-----------------------------|--|
| Principal Place of Business 1110 COUNTRY CLUB PRADO CORAL GABLES, FL 33134 US | | Mailing Address 1110 COUNTRY CLUB PRADO CORAL GABLES, FL 33134 L | | US | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01142004 Chg-LLC CR2E083 (10/03) |
| City & State | | City & State | | | 4. FEI Number Applied For 45-0481642 Not Applicable |
| Zip | Country | Zip Countr | | ntry | 5. Certificate of Status Desired \$5.00 Additional Fee Required |
| | 6. Name and Address of Current I | Y | | | 7. Name and Address of New Registered Agent |
| PLANA, NESTOR J | | | | Name | |
| 1110 COU | NTRY CLUB PRADO ABLES, FL 33134 | Stre | | Street Addres | ss (P.O. Box Number is Not Acceptable) |
| | | | | City | Zip Code |
| | | | | <u> </u> | FL |
| 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. | | | | | |
| SIGNÂTURE | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | |
| filing Fee is \$50.00 | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS 10. | | | | | ADDITION OF LANCES |
| 9. TITLE | PD MANAGING MEMBER | Delete | TITL | F 77 | ADDITIONS/CHANGES ✓ D ET Change |
| NAME | PLONA, NESTOR | | NAN | E P | LANA, NESTOR |
| STREET ADDRESS | 1110 COUNTRY CLUB PRADO | | | EET ADDRESS 1 | 110 COUNTRY CLUB PRADO |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 VSTD | Ппи | + | | ORAL GABLES, FL 33134 STD Grange Addition |
| NAME | NEONAN, RAYMOND | ☐ Delete | TITL Nan | E N.C | DONAN BAYMOND |
| STREET ADDRESS | 2503 SRA ISLAND DR | | STR | EET ADDRESS ス5 | 503 SEA ISLAND DR |
| -CITY-ST-ZIP | -FORT-LAUDERDALE, FL-33301 | | - | | ORT-LAUDER DALE FL-33301- |
| TITLE NAME | ∀0 | ☐ Delete | TITL NAM | | Change PATRICE |
| STREET ADDRESS | | | | EET ADDRESS 17 | TUNN, PATRICK 1063 NW 15th ST. |
| CITY-ST-ZIP | | | CITY | -ST-ZIP PE | EMBROKE PINES PL 33028 |
| TITLE | | ☐ Delete | TITL | 1 | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | NAM | EET ADDRESS | |
| CITY-ST-ZIP | | | | -ST-ZIP | • |
| TITLE | | . Delete | TITL | E | Change Addition |
| NAME | | : | NAN | l l | ettitus – johannistavast – johannistavast – johannistavast – johannistavast – johannistavast – johannistavast j |
| STREET ADDRESS CITY-ST-ZIP | tion with the things are the same as a great and active as the same as | 1 | | EET ADDRESS | |
| TITLE | And the second of the control of the | Delete | TITL | | ☐ Change ☐ 'Addition |
| NAME | v• | | NAM | · • | |
| STREET ADDRESS | t save | | | EET ADDRESS | the second of th |
| CITY-ST-ZIP | north, that the information or malic decide | this filing does not much! | | '-ST-ZIP | Section 140 07/0Vi) Clarida Clatutas I further a life than 140 at the life |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report is true and accurate and than you sign the second to execute the second to the | | | | | |
| limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| Difference . | | | | | |

MANDON