## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## Mar 19, 2004 08:00 AM Secretary of State **DOCUMENT # L02000022991** SHERLOCK HOME INVESTMENTS LLC Principal Place of Susiness Mailing Address 2549 BAY POINTE DRIVE 2549 BAY POINTE DRIVE WESTON, FL 33327 WESTON, FL 33327 01082004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0425014 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SHERLOCK, KARLENE 2549 BAY POINTE DRIVE DO NOT WRITE WESTON, FL 33327 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 DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 U00000092847 03/19/04-80025-011 MANAGING MEMBERS/MANAGERS 9. TITLE SHERLOCK, KARLENE A NAME 2549 BAY POINTE DR. STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 TITLE NAME STREET ADDRESS CRY-ST-ZP BRE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BILE NAME STREET ADDRESS CITY-ST-ZIP TIB F NAME STREET ADDRESS CSTY-ST-ZIP TILLE NAME STREET ADDRESS CITY-SX-ZIP 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 it 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.

**FILED** 

954-358-6066

3.17.04