


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90421 016 \*\*\*\*50.00

<b>DOCUMENT # L03000019656</b>	
1. Entity Name <b>SPARSH, LLC</b>	

Principal Place of Business 4309 PABLO OAKS COURT SUITE FIVE JACKSONVILLE, FL 32224	Mailing Address 4309 PABLO OAKS COURT SUITE FIVE JACKSONVILLE, FL 32224
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2. Principal Place of Business <b>3536 UNIVERSITY BLVD N</b>	3. Mailing Address <b>3536 UNIVERSITY BLVD N</b>
Suite, Apt. #, etc. <b>225</b>	Suite, Apt. #, etc. <b>225</b>



03182004 Chg-LLC CR2E083 (10/03)

City & State <b>JACKSONVILLE, FL</b>	City & State <b>JACKSONVILLE, FL</b>	4. FEI Number <b>20-0065627</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32277</b>	Country <b>USA</b>	Zip <b>32277</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>KEASLER, FRANK R JR.</b> 4309 PABLO OAKS COURT SUITE FIVE JACKSONVILLE, FL 32224	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MGRM</b>
STREET ADDRESS		STREET ADDRESS	<b>DONALD N LAURO</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>5006. CAPE ELIZABETH COURT W JACKSONVILLE, FL 32277</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>MGRM</b>
STREET ADDRESS		STREET ADDRESS	<b>SRIDHAR S RAMAN</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>7990-107 BAYMEADOWS ROAD E JACKSONVILLE, FL 32256</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* **03.18.2004** **(904) 403 3577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #