


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90128 037 ****50.00

| | |
|--|---|
| DOCUMENT # M99000000348 1. Entity Name 75 ACRES LLC |  |
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|--|---|
| Principal Place of Business 9553 HANDING AVENUE SUITE 308 SURSDIE, FL 33154 | Mailing Address P.O BOX 545867 SURFSIDE, FL 33154 |
|--|---|

44003301



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | |
|---|-------------------------------|---------------------------------------|
| 04082004 | Chg-LLC | CR2E083 (10/03) |
| 4. FEI Number 65-0907831 | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent | |
| C T CORPORATION SYSTEM 9553 HARDING AVE SUITE 308 SURFSIDE, FL 33154 | |

| | |
|--|-------------|
| 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 _____ (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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGR BAUMBERGER, HANS 9553 HARDING AVENUE, SUITE 308 SURFSIDE, FL 33154 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Hans Baumberger 4/2/04 305 867 8970

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