2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Jan 27, 2004 8:00 am **Secretary of State DOCUMENT # L03000009064** 01-27-2004 90019 028 ****50.00 1820 NORTH DIXIE, L.L.C. Principal Place of Business Mailing Address **24000000**2 120 BUTLER STREET STE. B 120 BUTLER STREET STE. B WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 Chg-LLC CR2E083 (10/03) 4. FEI Number 3083015 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNEY, TIMOTHY H 120 BUTLER STREET STE. B Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33407 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. nt and title if applicable (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE Managing Member TITLE ☐ Change ■ Addition NAME TIMOTHY H. KENNEY STREET ADDRESS STREET ADDRESS 120 Butler Street, Ste. B CITY-ST-ZIP CITY-ST-7IP West Palm Beach, FL Managing Member TITLE TITLE ☐ Change ■ Addition NAME HOWARD A. GREEN STREET ADDRESS STREET ADDRESS 120 Butler Street, Ste. A CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33107 Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this Thorn 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 m) 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED