2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

1. Entity Nam	MENT # L00000001	031		Jan 31, 2004 08:00 AM Secretary of State
Principal Plac	e of Business	Mailing Address		
2225 HAZELHURST AVE		2225 HAZELHURST A	AVE.	
ORLANDO F		ORLANDO FL 32804		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #. etc.		Suite, Apt #, etc.		
		5510, 151 11, 513.		MOORE CR2E083 (11/03)
City & State		City & State		4. FEI Number 59-3615671 Applied For Not Applicable
Zip	Country	Zip	Country	es on a subsection of the contraction of the contra
				5. Certificate of Status Desired Fee Required
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address of New Registered Agent
JOHNSON, EDWARD D				
3625 ROLLIN 'O LANE			Street Addr	ass (P.O. Box Number is Not Acceptable)
APC	OPKA FL 32703			
			City	Zip Code
G 70	d and the second	at fact has a sense of phancing it	n registered affice or see	istered agent, or both, in the State of Flonda 1 am familiar with, and accept
the obligat	tions of registered agent.	and the pulpose of coloringing in	5 7 5 g.s.(5 7 5 5 6 6 5 6 5 6 6 5 6 6 6 6 6 6 6 6	
SIGNATURE.	Signature, typod or printed name of registered a	agent and title if applicable. INC	TE Registered Agent signature re	quired when reinstating) DATE
		FILE N	IOW!!! FEE IS \$50.	אכביםכחמתחים 00
		,	ole to Florida Depar	U00000025224 Iment of State 02/02/04-80097-005 50.00
			ie By May 1, 2004	
9.		MBERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME	P JOHNSON, EDWARD	☐ Delete	TETLE	☐ Change ☐ Addition
STREET ADORESS	3625 ROLLIN O LN		STREET ADDRESS	
City-St-Zip	APOPKA FL 32703		CITY-ST-ZIP	
BTLE	VP	Defete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	JOHNSON, ANN 3625 ROLLIN O LN		NAME STREET AUDRESS	
CITY-ST-ZIP	APOPKA FL 32703		CRY-ST-ZIP	
TITLE		☐ Delete	TITLE	. Change Addition
NAME			NAME CTREET + PROSESS	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CETY-SI-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CHY-ST-ZIP		F==1	City-St-ZiP	
TOTLE NAME		☐ Delete	TRTLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	THE	☐ Change ☐ Addition
NAME CORET ARRIBESE			NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	
11 (harehy	certify that the information supplied	with this filing does not qualify t	or the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	d on this report is true and accurate ability company or the received by	land that my signature shall hav	e the same legal effect a	is if made under oath; that I am a managing member or manager of the

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED

Daytime Phone #