2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Apr 01, 2004 08:00 AM DOCUMENT # L00000005634 1. Entity Name **Secretary of State** DRORBAUGH & DRORBAUGH, L.L.C. Principal Place of Business Mailing Address 43 PONTE VEDRA COLONY CIRCLE 100 BOYCE AVENUE PONTE VEDRA BEACH, FL 32082 STATEN ISLAND, NY 10306 03292004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3646741 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 U00000101018 U4/U1/U4-8UU31-008 55.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9, MGR TITLE DRORBAUGH, LEONARD S NAME 100 BOYCE AVENUE STREET ADDRESS STATEN ISLAND, NY 10306 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> GING MEMBER, OF AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIG