## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

| DOCUMENT # L0000005846  1. Entity Name CARPE DIEM ON BOCA, LLC   |  |                                  |                               |  | 04-16-2004 90416 005 ****50.00                                |  |                         |  |
|--|--|----------------------------------|-------------------------------|--|---|--|-------------------------|--|
| Principal Place  | e of Business  | Mailing Address                  | · ·                           |  | ~ .   | . AZZZZO   |                         |  |
| PO BOX 812   |  | PO BOX 812                       | ÷                             |  | <del></del> -   | ~ 1 ·  |                         |  |
| BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921  |  |                                  |                               | }  |   | •  |                         |  |
|  |  |                                  |                               |  | ni Barm wara Bahk waki ada                                    | if Maria Reigh While Libra <b>Prikis</b> bis   | BB: (!!   BB)           |  |
| 2-Principal Place of Business PO BOX 2413 PO BOX 2   |  |                                  | /3                            |  |   |  |                         |  |
| Suite, Apt.  | <del>271 - 110 </del>  | Suite, Apt. #, etc.              | <del></del>                   |  |   |  |                         |  |
|  |  |                                  |                               | 03242004   | Chg-LLC   | CR2E083 (10/03)  |                         |  |
| O City & State   |  | City & State                     | Voda E                        | 4. FEI Numb  |   | <u> </u>   | plied For               |  |
| DOCA<br>Zip  | Grande FL Country  | Boca Gra                         | Country                       | 69-10  | 19136   |  | t Applicable            |  |
| 33921  | Country  | 33021                            | Country                       | 5. Certificat  | e of Status Desired   | □ \$5.00 Add<br>Fee Required   |                         |  |
|  | . 6. Name and Address of Current   | Registered Agent                 |                               | - 7. Name an   | d Address of New F  | lagistered Agent   |                         |  |
|  |  |                                  | Name                          | <u> </u>   | 1 - 1/- 1   | C  |                         |  |
|  | I, DAVID L ESQ.  | dress (P.O. Box Numl             | ner is Not Acceptable         | am a Esq   |   |  |                         |  |
| 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948  Street Address (F   |  |                                  |                               |  | OCI IS NOT ACCEPTANT  | ·,   |                         |  |
| 7 01(1 01)   | ANCOTTE, TE 00040  |                                  | 10                            | 1 NEV  | 1: 4  | St- 1600   | <u> </u>                |  |
|  |  |                                  | City                          | 1. N. CAN  | -lin -rirees  | Zin Code   |                         |  |
|  |  |                                  |                               | ampa   |   | FL 336   | 02                      |  |
|  | named entity submits this statement for<br>tions of registered agent.  | the purpose of changing its re   |                               | and the later to the contract of the contract  | oth, in the State of Flo                                      | orida. I am familiar with,   | and accept              |  |
| SIGNATURE .  |  | - 100 100 100 100                | E 4                           | and the second second  |   |  |                         |  |
| 27 (4)   | Signature, typed or printed is the of-registered agent a   | nd title if applicable (NOTE:    |                               | e required when reinstating)   | <del></del>   | DATE   |                         |  |
| The control of the property of |  |                                  |                               | and the second s | Make check payable to i ] for the Florida Department of State |  |                         |  |
| 9  | MANAGING MEMBE   | RS/MANAGERS                      | 10.                           |  | ADDITIONS   |  |                         |  |
| TITLE  | MEM  | ☐ Delete                         | TITLE                         |  | 1 2 0   | tricia Change  | ☐ Addition              |  |
| NAME   | SEIDENSTICKER, PATRICIA  |                                  | NAME                          | Seldensi   | HICKER, YO  | TYICK  |                         |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 421 PARK AVE.  |                                  | STREET ADDRESS CITY-ST-ZIP    | Hall Park  | ave sout  | ( 230)   | , 1                     |  |
| <del></del>  | BOCA RATON, FL 339210812   |                                  | <del> </del>                  | BOCA G   | rancie.   |  | T Addition              |  |
| TITLE<br>NAME  |  | ☐ Defete                         | TITLE<br>NAME                 | ·  | •   | ☐ Change   | Addition                |  |
| STREET ADDRESS   |  |                                  | STREET ADDRESS                |  |   |  | ŀ                       |  |
| CITY-ST-ZIP  |  | •                                | CITY-ST-ZIP                   |  |   |  |                         |  |
| TITLE  |  | ☐ Delete                         | TITLE                         |  | <del></del>   | Change _   | Addition                |  |
| NAME   | Benefits to the control of the contr | 1272 0270                        | - NAME                        | ئى ئىنىۋىلۇلۇڭ ئاسى . كىلاسىم  |   |  |                         |  |
| STREET ADDRESS   |  |                                  | STREET ADDRESS                |  |   |  |                         |  |
| CITY-ST-ZIP  | <u> </u>   |                                  | C(1Y-ST-ZIP                   |  |   | ·  |                         |  |
| TITLE  |  | ☐ Delete                         | TITLE                         |  |   | ☐ Change   | Addition                |  |
| NAME<br>OVERT LODDEGO  |  |                                  | NAME                          | •  |   |  |                         |  |
| STREET AODRESS<br>CITY-ST-ZIP  |  |                                  | STREET ADDRESS<br>CITY-ST-ZIP |  |   |  |                         |  |
|  |  |                                  | TITLE                         |  |   | ☐ Change   | ☐ Addition              |  |
| TITLE<br>NAME  | 1  | ☐ Delete                         | NAME                          |  |   | புபல்று  |                         |  |
| STREET ADDRESS   |  |                                  | STREET ADDRESS                | 1  |   | Lander Turner (m. 1871)  | · l                     |  |
| , CITY-ST-ZIP  |  |                                  | CITY-ST-ZIP                   |  |   |  |                         |  |
| ,TITLE   | y y was and  | ☐ Delete                         | TITLE -                       |  | 1   | Change   | Addition                |  |
| NAME   | 1 107 11 July 1 15 15 16 15  |                                  | NAME                          |  | !   | often a trans.   | ĺ                       |  |
| STREET ADDRESS   | ्राप्त के हिन्दू के क्षेत्र के अपने किया है।<br>इसके किया के क्षेत्र के किया किया के किया किया किया किया किया किया किया किया   |                                  | STREET ADDRESS                |  | . 1   | to a   |                         |  |
| CITY-ST-ZIP  |  |                                  | CITY-ST-ZIP                   | Eine & really stated a   | <u></u>   | And the last |                         |  |
| indicated :  | certify that the information supplied with<br>d on this report is true and accurate and<br>ability company or the receiver or trustee  | that my signature shall have the | he same legal effe            | ct as if made under oa   | th; that I am a mana  | I further certify that the ir<br>ging member or manage   | nformation<br>or of the |  |