2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY 03-03-2004 90194 001 ****55.00

SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # L00000012571

1. Entity Name
JOAN DE ARC, LLC

Principal Place of Business	Mailing Address
1100 S.W. 10TH STREET DELRAY BEACH, FL 33444	1100 S.W. 10TH STREET DELRAY BEACH, FL 33444

2. Principal Place of Business		3. Mailing Address	
1100 sw 10th Street		1100 SW 10th St.	
Suite, Apt. #, etc.: Ste B		Suite, Apt. #, etc.: Ste B	
City & State: Delray Beach		City & State: Delray Beach	
Zip: 33444	Country: USA	Zip: 33444	Country: USA

01142004 Chg-LLC CR2E083 (10/03) 5/17

4. FEI Number: 22-3781327 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOAN DE ARC, LLC 1100 S.W. 10TH STREET DELRAY BEACH, FL 33444	Name: CBA Telecommunications Street Address (P.O. Box Number is Not Acceptable): 1100 SW 10th Street, Suite B City: Delray Beach FL Zip Code: 33444

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: H. Bader President — DATE: 5-12-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	CFO	☐ Delete	TITLE	CFO	☒ Change ☐ Addition
NAME	PARRA, OLGA B		NAME	PARRA, OLGA	
STREET ADDRESS	1100 S.W. 10TH STREET		STREET ADDRESS	1100 SW 10th St. Ste B	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP	Delray Beach Fl 33444	
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		
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] — 2-27-04 — 561-243-2201

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