2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: ______ OR PRINTED IN

Feb 19, 2004 8:00 am Secretary of State **DOCUMENT # L00000013772** 02-19-2004 90161 036 ****50.00 WENTWORTH REAL ESTATE HOLDINGS, L.L.C. Principal Place of Business Mailing Address P.O. BOX 3089 7878 S.W. ELLIPSE WAY STUART, FL 34997 STUART, FL 34995 2. Principal Place of Business 3. Mailing Address 7965 Jack James Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 02012004 Cha-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State Stuart, FL 65-1055186 Not Applicable Zip Country \$5.00 Additional Country USA : f : 34997-7246 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WENTWORTH, GEORGE Street Address (P.O. Box Number is Not Acceptable) 7878 S.W. ELLIPSE WAY **STUART, FL 34997** City 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Fiorida Department of St. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM Change Change ☐ Addition TITLE ☐ Delete TITLE NAME WENTWORTH, GEORGE NAME 7965 Jack James Drive 7878 S.W. ELLIPSE WAY STREET ADDRESS STREET ADDRESS Stuart, FL 34997-7246 CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIE Delete ☐ Change ☐ Addition TITLE TITLE HALLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this tiling 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 transfer ampowered to execute this report as required by Chapter 608, Florida Statutes.

INAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

-412 - 3

Deytime Phone #