2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 08:00 AM DOCUMENT # L00000015171 **Secretary of State** 1. Entity Name MARANATHA INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 8916 SOUTHBAY DRIVE 8916 SOUTHBAY DRIVE **TAMPA FL 33615 TAMPA FL 33615** 2. Principal Place of Business 3. Mailing Address Suite, Acr. # etc. Suite, Apt #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 65-1061122 Not Applicable Z≀p Country Z≀o Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REGNAULT, FERNANDO JOSE Street Address (P.O. Box Number is Not Acceptable) 8916 SOUTHBAY DRIVE TAMPA FL 33615 Zip Code City 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, typod or printed name of repretered agent and title if applicable (NOTE Registered Agent signature required when reinstate DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10, 9. TITLE me MGR ☐ Defete Change ☐ Addition U00000016287 REGNAULT, REBECA J NAME NAME 01/28/04-80048-022 50.00 STREET ADDRESS STREET ADDRESS 8916 SOUTHBAY DRIVE CITY-ST-ZIP TAMPA FL 33615 CHY-ST-709 PRES Change Addition TITLE Dalete TREE REGNAULT, FERNANDO JOSE NAME NAME STREET ADDRESS 8916 SOUTHBAY DRIVE STREET ADDRESS CITY - 53 - 23P CITY-ST-ZIP TAMPA FL 33615 HILE ☐ Change Addition 3371 F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NASAF STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Cffy - ST- ZIP CITY-ST-ZIP ☐ Change Addition TOLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZRP 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 cath; 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.

TERMANOS LEGNANH 01/22/04 813 966615

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