2004 LIMITED LIABILITY COMPANY

STREET ADDRESS CDY-ST-ZIP TITI F NAME STREET ADDRESS

FILED ANNUAL REPORT Feb 02, 2004 08:00 AM **DOCUMENT # L00000016124 Secretary of State** 1. Entity Name PAONE VENTURES, LLC Principal Place of Business Mailing Address 166 SPYGLASS LANE 1120 BETHLEHEM PK JUPITER, FL 33477 BOX 280 SPRING HOUSE, PA 19477 %B,,,,,-2-.09& 01052004No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1067885 Not Applicable \$5.00 Additional Fee Required Certificate of Status Desired 5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PAONE, SALVATORE S NAME 166 SPYGLASS LANE STREET ADDRESS JUPITER, FL 33477 CITY-ST-ZIP U00000030526 02/04/04-80112-022 50.00 NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(3)(7), 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: