2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

911-926-1666 Daytime Phone #

| Zip Country Zip Country 5. Certificate of Status Desired St.00 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLASKINS, HARRY W 3400 S. TAMIAMI TRAIL, SUITE 201 SARASOTA, FL 34239 City FL 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 the obligations of registered agent and site if applicable (NOTE: Registered Agent agreature required when reinstating) DATE Filling 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 MARE BELCOURT OF FLORIDA INC 2003 MAIN ST 1518 STICKINGLY PLCL STREET ADDRESS CITY-S1-ZIP SARASOTA, FL 34237 34231 TITLE MARE STREET ADDRESS CITY-S1-ZIP CHange CITY-S1-ZIP TITLE MARE STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP Country 5. Certificate of Status Desired Agent Required Agent and Address of New Registered Agent Required Agent and Address of New Registered Agent Required FILE Country STREET ADDRESS CITY-S1-ZIP Change Change Change Change Country Change Change Change Change Change Country STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP CITY ST-ZIP CITY ST-ZIP CITY-S1-ZIP COUNTRY STREET ADDRESS CITY-S1-ZIP CITY | DOCUMENT # L0000016295 1. Entity Name BELCOURT HOLDING, L.L.C. | | | | | 04-28-2004 90091 001 | | | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O422204 Chg-LLC CR2E083 (10/03) City & State City & State City & State City & State Country Zip Country S. Cortificate of Status Desired 6. Name and Address of Current Registered Agent HASKINS, HARRY W 3400 S. TAMIAMI TRAIL, SUITE 201 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and size if applicable (NOTE Registered Agent sphature recurred when remistating) DATE Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS TITLE MGR BELCOURT OF FLORIDA INC 2099 MANAGING MEMBERS/MANAGERS TITLE MGR BELCOURT OF FLORIDA INC 2099 MANAGING MEMBERS/MANAGERS TITLE MMG STREET ADDRESS SARASOTA, FL 34237 342.31 TITLE MAME STREET ADDRESS CITY-S1-ZP CITY-S1-ZP CITY-S1-ZP CITY-S1-ZP CITY-S1-ZP CITY-S1-ZP CITY-S1-ZP Change | 1516 Stickney Pt Rd | | | 19 Address 2 CATTLEMEN LANE: POBOX S339 ASOTA, FL 34232 34277 | | | 11 10 12 11 1114 1114 111 | | | 82 1 H2 1 83 2 |
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| Zip Country Zip Country 5. Certificate of Status Desired St.00 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLASKINS, HARRY W 3400 S. TAMIAMI TRAIL, SUITE 201 SARASOTA, FL 34239 City FL 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 the obligations of registered agent and site if applicable (NOTE: Registered Agent agreature required when reinstating) DATE Filling 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 MGR SIREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 34231 TITLE MAKE SIREET ADDRESS CITY-ST-ZIP | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04222004 | Chg-LLC | CR2E08 | 3 (10/03) | | |
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