2004 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYP

OR PRINTED NAME OF SIGNING N

FILED ANNUAL REPORT Mar 06, 2004 08:00 AM Secretary of State DOCUMENT # L01000003行3 1. Entity Name THE GLORIA PROJECT, L.C. Principal Place of Business Mailing Address 471 N.E. 101ST ST. 471 N.E. 101ST ST. MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 03022004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1082433 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SHULMAN, STEVEN DO NOT WRITE 471 NE 101 ST MIAMI SHORES, FL 33138 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, typed or printed name of registered agent and trie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 U00000078328 03/08/04-80021-011 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE SHULMAN, STEVEN M NAME STREET ADDRESS 471 NE 101 ST MIAMI SHORES, FL 33138 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TM F NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-7IP 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.

MAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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