## FILED May 03, 2004 8:00 am Secretary of State

ANNUAL REPORT	IPANT
DOCUMENT # L01000003427	ß
1. Entity Name	195

Zip Country Zip Country S. Certificate of Status Desired S. 5.00 Additional Fee Projections and Address of Current Registered Agent 7. Name and Address of Weightered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Weightered Agent 7. Name and Address of Weightered Agent 7. Name and Address of Weightered Agent 7. Name and Address of Name Registered Agent 7. Name Nam	1. Entity Nam	MENT # L01000003	427			05-03-2004 90142 025 ****50.00
MAMI, FL 33131  MidMI, FL 33131  Algorithms of Business  Suite, Apt. # vib.  City & State  6. Name and Address of Current Registered Agent  Name  6. Name and Address of Current Registered Agent  Name  City & State  City & Stat	Principal Place	Principal Place of Business Mailing Address			]	
Sultio, Apt. #, otic.    Sultio, Apt. #, otic.   Sultio, Apt. #, otic.   O4262004   Chg-LLC   CR26083 (10/03)   Chy & State   Chy &			24064076			
City & States  City &	2. Principal P	lace of Business	3. Mailing Address			
City & State  Ci				04262004 Chg-LLC CR2E083 (10/03)		
S. Certificate of Status Desired   \$5.00 Actionals   \$5.00 Actionals   \$5.00 Actionals   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Agen			City & State			
S. Name and Address of Current Registered Agent    Name   Color   Number   Name	Zip	Country	Zip	Count	try	5 Certificate of Status Desired   \$5.00 Additional
### ADDITIONS / CHANGES  ### ADDITIONS / CHANG		6. Name and Address of Current	Registered Agent			
SIGNATURE Sponsor, hyper or primer rame of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of the obligations of the state of Florida. I am familiar with, and according to the obligations of the obligations of the state of Florida. I am familiar with, and according to the obligations of the obligations of the state of Florida. I am familiar with, and according to the control of the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the state of Florida. I am familiar with, and according to the florida stat	701 BRICK	KELL AVENUE, SUITE 2500				POLATE CREATIONS ATTLE Me. P.O. BOX Number is Not Acceptable 200 POLATE THE DOOR
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and act the hologopian of large literated agent.  SIGNATURE  MARK theck payable to Prioritida Department of State  SIGNATURE  SIGNATURE  MARK the state of Florida. I am familiar with, and act the fill applicable.  (NOTE Registered Agent signature required when renstating)  Make check payable to Priorida Department of State  SIGNATURE  MARK THIS ADDITIONS/CHANGES  SITIET ADDRESS  CITY-ST-2P  MIAMI, FL 33131  TITLE  MGRM Delete  MGRM Delete  MIAMI, FL 33131  TITLE  MGRM DELET. JACK D  701 BRICKELL AVE #2500  MIAMI, FL 33131  TITLE  MGRM  MARK MGRM  MGR					City MU AN	ni bunch FL 259139
Filing Fee is \$50.00 Due by May 1, 2004  Singer Agents agranter received when nanestating)  Make check payable to Florida Department of State  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITTLE MGRM SIRET ADDRESS CITY-ST-2P TITLE MGRM COOK, STEVEN R SIRET ADDRESS CITY-ST-2P MIAMI, FL 33131  ITTLE MGRM MME SIRET ADDRESS CITY-ST-2P TITLE MGRM MME MME SIRET ADDRESS CITY-ST-2P TITLE MGRM MMAMI, FL 33131  TITLE MGRM MMAMI, FL 33131  TITLE MGRM MMAMI, FL 33131  TITLE MGRM MAMI, FL 33131  TITLE MGRM MAMI SIRET ADDRESS CITY-ST-2P TITLE MGRM MAMI			r the purpose of changing its	registere		
FITING Foe is \$50.00 Due by May 1, 2004  9. MANAGING MEMBERS / MANAGERS  ITILE MARE BERGER DAYN J BERGER DAYN J BERGER DAYN J STREET ADDRESS OCITY-ST-2P  TILE MARE MARE MARE MARE MARE MARE MARE MAR	SIGNATURE	Signature, typed or printed name of registered agent a	ARLA (NOTI	5AR E: Registered	ZRIA V d Agent signature require	
TITLE MAME BERGER DAVID J Polete BERGER DAVID J NAME BERGER DAVID J NAME BERGER DAVID J NAME STREET ADDRESS CITY-ST-ZP MIAMI, FJ 33131  TITLE MGRM DEIGHE COOK, STEVEN R CO	er. Fi	ling Fee is \$50.00				
MAME SIREET ADDRESS CITY-ST-ZIP MIAMI, FJ 33151  TITLE MGRM COOK, STEVEN R SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM BURSTEIN, JACK D SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM KRANZ, SCOTT SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM KRANZ, SCOTT SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM SIREET ADDRESS CITY-ST-ZIP  TITLE MGRM SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM SIREET ADDRESS CITY-ST-ZIP  TITLE MGRM SIREET ADDRESS CITY-ST-ZIP  TITLE MAME SIREET ADDRESS CITY-ST-ZIP  TITLE MA				_		
NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM MAME BURSTEIN, JACK D STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MGRM KRANZ, SCOTT MIAMI, FL 33131  TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131  Delete  TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAM	NAME STREET ADDRESS	BERGER DAVIO J 701 BRICKEL AVE #2500	Pelete	NAME STREE	ET ADDRESS	☐ Change ☐ Addition
TITLE  MAME  BURSTEIN, JACK D  701 BRICKELL AVE #2500  MIAMI, FL 33131  TITLE  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  C	NAME STREET ADDRESS	COOK, STEVEN R 701 BRICKELL AVE #2500	☐ Delete	NAME STREE	ET ADDRESS	☐ Change ☐ Addition
TITLE NAME KRANZ, SCOTT STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MGRM BURSTEIN, JACK D 701 BRICKELL AVE #2500	☐ Delete	NAME Strei	ET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MGRM KRANZ, SCOTT 701 BRICKELL AVE #2500	Qelete	NAME STREE	ET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS	☐ Change ☐ Addition
	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADORESS	☐ Change ☐ Addition
signature:  Signat						