

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004541

FILED  
Jul 21, 2004  
Secretary of State

Entity Name: STRUCTURE 1, LLC

## Current Principal Place of Business:

9715 WEST BROWARD BLVD., PMB 147  
PLANTATION, FL 33324

## New Principal Place of Business:

9715 WEST BROWARD BLVD  
PMB 147  
PLANTATION, FL 333242351 US

## Current Mailing Address:

9715 WEST BROWARD BLVD., PMB 147  
PLANTATION, FL 33324

## New Mailing Address:

9715 WEST BROWARD BLVD  
PMB 147  
PLANTATION, FL 333242351 US

FEI Number: 65-1084033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JUMPING JAX TAX, INC.  
1940 HARRISON ST., STE. 201-B  
HOLLYWOOD, FL 330205072 US

## Name and Address of New Registered Agent:

JUMPING JAX TAX, INC.  
1940 HARRISON ST  
STE 102B  
HOLLYWOOD, FL 330205072 US

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.

SIGNATURE: JOHN J MALERBA, PRESIDENT

07/21/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: MCKENZIE, KARIBE O  
Address: 9715 W BROWARD BLVD SUITE 147  
City-St-Zip: PLANTATION, FL 333242351

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MCKENZIE, KARIBE O  
Address: 9715 W BROWARD BLVD PMB 147  
City-St-Zip: PLANTATION, FL 333242351 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KARIBE O MCKENIZE

MGR

07/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date