

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009378

FILED  
Apr 26, 2004  
Secretary of State

**Entity Name:** CORTEX ACQUISITION GROUP LLC

**Current Principal Place of Business:**

210 S. PARSONS AVE.  
SUITE 12  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

210 S. PARSONS AVE.  
SUITE 12  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 59-3737314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAUGHAN, DAVID R  
210 S. PARSONS AVE.  
SUITE 12  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

KOENIG, TIMOTHY J  
3158 NORTHSIDE DRIVE  
KEY WEST, FL 33040 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: TIMOTHY J. KOENIG

04/26/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PARKER INVESTMENTS IN, C  
Address: 3908 RYALWOOD CT.  
City-St-Zip: VALRICO, FL 33594

Title: MGRM ( ) Delete  
Name: ATWELL HOLDINGS INC.,  
Address: 2209 LONGLEAF CIRCLE  
City-St-Zip: LAKELAND, FL 33810

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEREK PARKER

D

04/26/2004

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