2004 LIMITED LIABILITY COMPANY

	AMENDED AND	IUAL KEPOR	K I		•				
DOCUMENT # L01000010515 1. Entity Name STILL MANYE					FILED				
STILL WA	NVE, L.L.C.				04	JUL 12 PH	12:13		
Principal Place of Business Mailing Address					SI	ECRETARY OF	STATE		
		1908 E. OSCEOLA PARKWAY Kissimmee, Fl. 34743 US			SEORETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business /3243 SOBRADO DR		3. Mailing Address /32Y3 SOBRADO DR.							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07052004	Chg-LLC	CR2E0	83 (10/03)	
City & State OR L & D.D. = FLOR i.D.A		City & State -ORI-ANDO,-PRORIDA		4. FEI Number 65-1117654				plied For Applicable –	
Zip Country 32837 U.S.A.		Zip 32837	Country USA		5. Certificate of Sta		Fee Required		
	6. Name and Address of Current I	Registered Agent	Na	me	7. Name and	Address of New F	Registered A	Agent	
GONCALVEZ, GREGORIO H 1908 E OSCEOLA PKWY			·	Name Street Address (P.O. Box Number is Not Acceptable)					
1908 E OSCEOLA PKWY KISSIMMEE, FL 34743									
	CONTRACTOR	l.	City	,			FL	Zip Cod	+ 1° → +
	named entity submits this statement for ions of registered agent.	the purpose of changing its	egistered offi	ce or register	red agent, or bo	th, in the State of Fl	lorida. I am 1	familiar with,	and accept
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. alcinatone .									
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE	Registered Agent	signature required	when reinstating)	- 4 n	DATE		
	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registered Agent	signature required	d when reinstating)		Ne check p	-	B
Aı	Signature, typed or printed name of registered agent a mended AR Is \$50.00			signature required	d when reinstating)	Florid	ke check p la Departm	ent of State	9
	Signature, typed or printed name of registered agent		Registered Agent	I M C	011	Florid	ke check p la Departm	ent of State	B
9. TITLE NAME	mended AR Is \$50.00 MANAGING MEMBE MGRM ADMINISTRADORA ANYOGREL	RS/MANAGERS	10. TITLE NAME	MG	RH	ADDITIONS	ke check p la Departm	ent of State	
9.	mended AR Is \$50.00 MANAGING MEMBE MGRM ADMINISTRADORA ANYOGREL 1908 OSCEOLA PARKWAY	RS/MANAGERS	10.	MG GRE	RH EGORÌO	ADDITIONS HENRIQUES DO DR.	ke check p la Departm	ent of State	
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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.

SIGNATURE:

07/05/04 321-2316991