2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Darrey P. Reznik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGED OR AUTHORIZED REPRESENTATIVE

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # L01000011047 **CONSULTICO LLC** 04-26-2004 90048 025 ****50.00 Mailing Address Principal Place of Business 3071 NORTHCREST 107 AVE-9152 RUTLEDGE AVE BOCA RATON, FL- 33434 POMPANO BEACH, FL 33065 2. Principal Place of Business 3. Mailing Address do Mark I Ingber C.P.A. 731 Northwest 42nd Avenue Suite, Apt. #, etc. 04192004 CR2E083 (10/03) Chg-LLC 3071 Northwest 107th Avenue Applied For 4. FEI Number City & State 65-1123482 Loconut Greek Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box 33065-3676 **US** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barney REZNIK, BARNEY Street Address (P.O. Box Number is Not Acceptable) 9452 RUTLEDGE AVE BOCA RATON, FL 33434 33066 Coconut Creek 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 Barney P. Reznik Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM DOGRM Change TITLE TITLE □ Delete ☐ Addition Reznik, Barney ?. 131 Northwest 43- Avenue REZNIK, BARNEY P NAME NAME 9152 RUTLEDGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOGA-RATON; FL 93434 CITY-ST-ZIP Coconst Creek FL 33066 MGAMA Reznik, Julie M. 1131 Northwest 42th Avenue MGRM TITL F ☐ Delete TITLE Change ☐ Addition REZNIK, JULIE M NAME NAME 9152 RUTLEDGE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOGA RATON EL 33434 CITY-ST-ZIP Coconut Creek FL33066 TITLE ☐ Change TITLE □ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED