2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ARTHUR

SIGNATURE

Feb 13, 2004 08:00 AM Secretary of State DOCUMENT # L01000014932 1. Entity Name CARYST PROPERTIES, L.L.C. Mailing Address Principal Place of Business 1504 THE OAKS DRIVE P.O. BOX 1007 MAITLAND FL 32794-1007 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) Applied For City & State City & State 4. FEI Number 59-3747529 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M 430 NORTH MILLS AVE. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 Zip Code City 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 typed or primed name of registered agent and tipe it applicable. (NOTE Registered Agent argneture required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10, 9 ☐ Addition TITLE Change TITLE MGR ☐ Defete BALABAN, ARTHUR P NAME NAME STREET ADDRESS 1504 THE OAKS DR STREET AUDRESS MAITLAND FL 32751 City-St-2iP CITY-ST-ZIF ☐ Change Addition MGR Delete TITLE TITLE U00000051032 02/16/04-80035-005 50.00 NAME BALABAN, MARCIA MANT STREET ADDRESS 1504 THE OAKS DR STREET ADDRESS CATY-ST-ZAF MAITLAND FL 32751 CITY-ST-ZIP Change Addition Delete TITLE RARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-51-78 ☐ Change ☐ Addition T(E) F Delete TESSE MAME NAME STREET ADDRESS STREET ADDRESS C#7Y-S1-7# CITY-ST-ZIP Change Addition ☐ Defete THE T373 F NAME NAME STREET ADDRESS STREET ABORESS CITY-ST-ZIP CITY-ST-ZIP Addition THLE ☐ Delete TIPLE Change NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

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