2004 LIMITED LIABILITY COMPANY SANUAL REPORT (AR)

SIGNATURE: .

AMNUAL REPURI (AK)						- FILED			
DOCUMENT # L01000015366 1. Entity Name					M	Mar 10, 2004 08:00 AM Secretary of State			
CONRADINA, L.L.C.						Secretary of	State		
Principal Place of Business Mailing Address									
7 TOWN CENTER LOOP		7 TOWN CENTER LOOP							
SUITE C-14 SANTA ROSA BEACH FL 32459		SUITE C-14 SANTA ROSA BEACH FL 32459							
US				1100			INN 188 8888		
		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)				
City & State		City & State		4. FEI Numbe	59-3756334		plied For It Applicable		
Zıp	Country	Zip	Countr	ry	5. Certificate	of Status Desired	\$5.00 Add Fee Required		
	6. Name and Address of Current Re			Name	7. Name and	Address of New Registere	ed Agent		
FRANKLIN H. WATSON, P.A.									
5365 E CO HWY 30-A SUITE 105				Street Address (P.O. Box Number is Not Acceptable)					
SEA	GROVE BEACH FL 32459	City				Zip Code	e		
8. The above named entity submits this statement for the purpose of changing its registered office of					ered agent, or bot	-	— ;	and accept	
the obligat	ions of registered agent.			<i>-, , , , , , , , , , , , , , , , , ,</i>	or a gorini or soci	in in all state of the state of the	are rearrance with it.	and decept	
SIGNATURE									
Signature, typed or printed name of registered agent and site it applicable (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$8 Make Check Payable to Florida Dep									
				rida Deparim y 1, 2004	ent of State				
9.	MANAGING MEMBERS	<u> </u>	10.		7 3x 77 5x 44	ADDITIONS/CHANG			
TITLE	P	Delete	TRILE			ADDITIONS/OFANG	Change	Addition	
NAME	HAMMETT, SR, BEN HAY	4		į		U00000084048			
STREET ADDRESS	TOWN CENTER LOOP, SUITE C-14 STR		STREE	T ADDRESS		03/10/04-80064-003 50.00			
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-S	ST- ZIP					
TRILE	V	☐ Delete	TITLE				☐ Change	Addition	
NAME OTREET ADDRESS	7 TOWN CENTER LOOP, SUITE C-14 ST		NAME					ļ	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY -ST - ZIP						
TITLE	ONATA TIOON BEHOLD & GEAGG	☐ Belete	TITLE	5. Lii			☐ Change	Addition	
NAME		□ Delete	NAME				∑ ⊅nante		
STREET ADDRESS		•	STREET	T ADDRESS					
CXTY-ST-ZXP			CITY-S	ST-219					
TITLE		☐ Delete	MUE				☐ Change	Addition	
NAME CENTER ADDRESS			NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-S	T ADDRESS					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME		La Delete	NAME	ļ			□ Orange		
STREET ADDRESS			STREET	T ADDRESS					
CXTY - ST - ZXP			CITY-S	ST-21P					
THTE		☐ Delete	BILE				☐ Change	Addition	
NAME			NAME						
STREET ADORESS GITY-ST-ZIP			STREET CITY - S	T ADDRESS					
	certify that the information supplied with the	us filing dags not ountile for			Postion 440 07/0/	9 Clasida Statutas 15-24	manufacture at the state of the	formati	
Indicated	on this report is true and accurate and the billity company or the receiver or trustee e	at my signature shall have th	he same:	legal effect as it	made under oath	, that I am a managing mem	nber or manage	r of the	

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR ALTHORITY REPRESENTATIVE COME DIMENS DEPOSED.