2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # L01000016106 1. Entity Name 04-02-2004 90258 021 ***150.00 RARE EARTH PROPERTIES, LLC Principal Place of Business Mailing Address 1860 WHITE AVE 1860 WHITE AVE 44004131 ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business 3775 Martin St. Mailing Address PO_BOX 560358 Suite, Apt. #, etc. CR2E083 (11/03) City & State 4. FEI Number Applied For 59-3758811 Rlando Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALLAUER, JUSTINA Street Address (P.O. Box Number is Not Acceptable) 1860 WHITE AVE ORLANDO FL 32806 Zio Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM MGRM TITLE TITLE Hallauer, Justina ☐ Delete Change Change Addition HALLAUER, JUSTINA NAME NAME 3775 Martin St. STREET ADDRESS 1860 WHITE AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32806 CITY-ST-ZIP Orlando, Pl TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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.

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