

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016131

FILED
Jan 06, 2004
Secretary of State

Entity Name: PLAN B ENTERPRISES, L.L.C.

Current Principal Place of Business:

500 E. CENTRAL BLVD.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

500 E. CENTRAL BLVD.
ORLANDO, FL 32801

New Mailing Address:

1335 SWEETBRIAR RD.
ORLANDO, FL 32806

FEI Number: 59-3745282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHROPE, SCOTT W
500 E. CENTRAL BLVD.
ORLANDO, FL 32801

Name and Address of New Registered Agent:

SCHROPE, SCOTT W
2424 CHELSEA ST.
ORLANDO, FL 32803

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.

SIGNATURE: SCOTT SCHROPE

01/06/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SCHROPE, SCOTT
Address: 1238 BALDWIN DR
City-St-Zip: ORLANDO, FL 32806

Title: VP () Delete
Name: SCHROPE, WILLIAM R
Address: 1335 SWEETBRIAR RD
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHROPE, SCOTT W
Address: 2424 CHELSEA ST.
City-St-Zip: ORLANDO, FL 32803

Title: MGRM (X) Change () Addition
Name: SCHROPE, WILLIAM R
Address: 1335 SWEETBRIAR RD
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SCOTT SCHROPE

MGR

01/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date