2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 20, 2004 8:00 am Secretary of State

	DOCUMENT # L01000016138 1. Entity Name LANCER HOLDINGS, LLC						05-20-200	90282 0	18 ****	50.00
101S SIMMERWOOD DIRCLE WELLINSTON, FL 33414 2. Principal Place of Business Suite, Apt. #, etc. Chy & State Country S. Country S. Contribute of Status Desired Fee Required Fee	Principal Place of Business Mailing Address									
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. CR2E083 (10'03)	1016 SUMMERWOOD CIRCLE		1016 SUMMERWOOD CIRCLE					II Baib) iibib 31:6 1		
City & State City & State City & State City & State Country Zip Country S. Certificate of Status Desired Sec. 00 Additional Fee Required B. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent The Addres	2. Principal Place of Business		3. Mailing Address							
Signary Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.			05042004	Chg-LLC	CR2E083	(10/03)	
S. Name and Address of Current Registered Agent BAILEY, MITCH H 1016 SUMMERWOOD CIRCLE WELLINGTON, FL 33414 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symute, typed o soned name of inginisered agent and tile / application. Filling Fee is \$50.00 Due by September 8, 2004 Page 1. MANAGING MEMBERS MANAGERS ITILE MARK HOFFMAN, BRUCE W SIRET ADDRESS ITILE MGRM BALLEY, MITCH H BALL	City & State		City & State							
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STREET ADDRESS CITY-ST-ZIP MGRM DEBETS / MANAGING MEDIES WELLINGTON, FL 33414 Street Address (P.O. Box Number is Not Acceptable)	BAILEY M	ITCH H			rvame					
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 considerance of registered agent and the if applicable. (NOTE: Registered Agent signature required when refinalize) Date	1016 SÚMI	MERWOOD CIRCLE	Street Address			(P.O. Box Number is Not Acceptable)				
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. Spend or considerations of registered agent and size if applicable. (NOTE Registered Agent signature required when revisablely) Date Filling Fee is \$50,00 Due by September 8, 2004 9. Marke check payable to priority Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES					, ,					
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9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM HOFF MAN, BRUCE W 84 SANTA MONICA AV STREET ADDRESS ROYAL PALM BCH, FL 33411 CTHAN BALLEY, MITCH H STREET ADDRESS 1016 SUMMERWOOD CIRCLE STREET ADDRESS 1016 SUMMERWOOD CIRCLE STREET ADDRESS CITY-ST-2P WELLINGTON, FL 33414 CTHAN STREET ADDRESS CITY-ST-2P	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		<u> </u>				<u> </u>		1.6 .45		