2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

- Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # L01000019434** 1. Entity Name PRINCETON, L.L.C. Principal Place of Business Mailing Address 3200 N.W. 77TH COURT 3200 N.W. 77TH COURT MIAMI, FL 33122 MIAMI, FL 33122 03222004 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0582290 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHIGIEL, LEON DO NOT WRITE 3200 N.W. 77TH COURT MIAMI, FL 33122 IN THIS SPACE 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 printed name of registered acent and title if applicable (NOTE, Registored Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 U00000134874 04/28/04-80036-012 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE MGR SCHIGIEL ENTERPRISES, L.L.C. NAME STREET ADDRESS 3200 N.W. 77TH COURT CITY-ST-ZIP MIAMI, FL 33122 California della la constitución TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TOTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. Thereby entity that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 timited liability company or the receiver or trustee empowered to execute this report of the product of the timited liability company or the receiver or trustee empowered to execute this report of the timited liability company or the receiver or trustee empowered to execute this report of the timited liability company or the receiver or trustee.

SIGNATURE:

NAME STREET ADDRESS City-ST-Zi2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MA GING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED