FILED Aug 11, 2004 8:00 am Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Principal Place	e of Business	Mailing Address		L	-1					
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	6. Name and Address of Current	Registered Agent		T		. Name and	Address of New I	Registered /	Agent	
	ı			Name						
GLICKSTE	IN. CARY			_						
277 S.E. 5	TH STREET			Street Addr	ress (P.C	D. Box Number	er is Not Acceptabl	e)		
	BEACH, FL 33483			ļ						
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		•		City					Zip Cod	
	al A			City		,		FL		-
8. The above	named entity submits this statement for	or the purpose of changing it	s registere	ed office or reg	gistered	agent, or bot	h, in the State of FI	orida. I am	familiar with,	and accept
the obligati	tions of registered agent.					•				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE. Plegistere	d Agent signature re	equired wh	en reinstating)		DATE		
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9.	MANAGING MEMBI	ERS/MANAGERS	10.			K	ADDITIONS	/CHANGES	ration in a cross record	ecestros de la constante
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indicated	certify that the information supplied wit d on this report is true and accurate an ability company or the receiver or truste	d that my signature shall hav	e the sam	e legal effect a	as if mai	de under oath	i; that I am a mana	. I further cer aging memb	rtify that the i er or manage	nformation er of the
SIGNAT	TUPE:	Cary Glickst	ساه		P-	- 7 - nu	561-2	79- P	95>	
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