

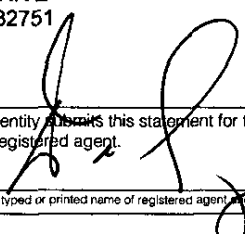
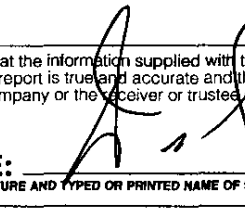


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90448 003 ****50.00

DOCUMENT # L02000001738 1. Entity Name CROOKED FINGER, LLC					
Principal Place of Business 343 HICKORY DRIVE MAITLAND, FL 32751			Mailing Address 343 HICKORY DRIVE MAITLAND, FL 32751		
2. Principal Place of Business P.O. Box 607034 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 607034 Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number APPLIED FOR 04-3590859	
Zip 32860		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SWUZ, DAVE 343 HICKORY DRIVE MAITLAND, FL 32751		7. Name and Address of New Registered Agent Name Dave Swuz Street Address (P.O. Box Number is Not Acceptable) 7719 Pine Vista Court City Orlando FL 32819			
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 		(Dave Swuz)		DATE 4/15/04	
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWUZ, DAVE 343 HICKORY DRIVE MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Dave Swuz P.O. Box 607034 Orlando, FL 32860
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Mark Ferrera 1224 S. Hiawasse Rd # 635 Orlando, FL 32836
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Jerry Eisinger 2343 S. Kirkman Rd # 358 Orlando, FL 32811
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Jeffrey Deane 1035 Oakdale St. Windermere, FL 34786
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 		(407)		4/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 701-8491	