2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 22, 2004 8:00 am Secretary of State **DOCUMENT # L02000002025** 04-22-2004 90352 003 ****50.00 1. Entity Name MERÍCAN, LLC. Principal Place of Business Mailing Address 420 NE 3RD STREET 420 NE 3RD STREET 24050299 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 US 2. Principal Place of Business 3. Mailing Address 68 FIESTA WAY 68 FIESTA WAY Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FFI Number FT. LAUDERDALE. FT. LAUDERDALE FL 30-0112099 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 3301 Üς Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THIES, JAMES F 2732 N.E. 27TH COURT Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33306 City Zip Code 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 printed name of registered again and title if applicable Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 进行 化海头电影点 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MERSON MAR TITLE MGRM (L) Change Delete TITLE ■ Addition JAMES H. Thies THIES, JAMES F NAME NAME 420 NE 3RD STREET STREET ADDRESS STREET ADDRESS 68 FICSTA Way CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP 33361 MGR TITLE Delete TITLE Change Addition William F. Thics THEIS, WILLIAM F JR NAME STREET ADDRESS 420 NE 3RD STREET STREET ADDRESS 68 FIESTAWAY CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP FT LAUD. FL 33301 TITLE ☐ Delete TITLE ☐ Change Addition NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change · ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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. 4/1/04 William F. Thics SIGNATURE: PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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