2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# L02000002999

Entity Name: SEARS, WEST & HUTCHINS, LLC

Current Principal Place of Business:

400 N. WYMORE ROAD
SUITE 110
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 548707
ORLANDO, FL 328547607

New Mailing Address:

P.O. BOX 547607
ORLANDO, FL 328547607

FEI Number: 90-6009045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHINS, ROBERT J
400 N. WYMORE ROAD
SUITE 110
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: HUTCHINS, ROBERT J
Address: 400 N WYMORE RD., #110
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: WEST, CHRIS D
Address: 400 N. WYMORE ROAD, STE 110
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGR ( ) Change (X) Addition
Name: SEARS, JOHN D
Address: 400 N. WYMORE ROAD, STE 110
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT J. HUTCHINS MGR 04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date