2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2004 08:00 AM DOCUMENT # L02000004480 Secretary of State 1. Entity Name LEAR CAPITAL, LLC Principal Place of Business Mailing Address 377 CITATION POINT NAPLES FL 34104 377 CITATION POINT NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E083 (11/03) 4. FEI Number Applied For City & State City & State 04-3616193 Not Applicable Country \$5.00 Additional Zıp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOSCONE, MARK P Street Address (P.O. Box Number is Not Acceptable) 2144 HARLANS RUN NAPLES FL 34105 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. DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Addition ☐ Change TITLE ☐ Delete TITLE MGR NAME MOSCONE, MARK P STREET ADDRESS 2144 HARLANS RUN STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP ____ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME U00000029265 02/<u>04/04-80060-004_150,00</u> STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Detete TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

FILED