2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Mar 22, 2004 8:00 am **Secretary of State** DOCUMENT # L02000009570 1. Entity Name 03-22-2004 90426 006 ****50.00 JOHN EILERT LLC Principal Place of Business Mailing Address 308 FIRST STREET, N.E. RUSKIN FL 33570 308 FIRST STREET, N.E. 94034445 RUSKIN FL 33570 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State Applied For 4. FEI Number 04-3701462 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EILERT, JOHN 308 1ST STREET N.E. RUSKIN FL 33570 Street Address (P.O. Box Number is Not Acceptable) City Zip Code Fl 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. 9. ADDITIONS/CHANGES TOTLE MGRM □ Delete TITI F ☐ Change ☐ Addition EILERT, JOHN NAME NAME STREET ADDRESS 308 FIRST STREET, NE STREET ADDRESS CTTY-ST-ZIP RUSKIN FL 33570 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7tP 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)(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 received for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

JOHN H. ELEN DE 19MAKZOOF

813-785.4503

FILED