## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 15, 2004 8:00 am Secretary of State

DOCUI 1. Entity Name FULBRIG	е	# L020000114			03-15-2004 90430 050 ****50.00					
Principal Place	e of Business		Mailing Address			1				
443 TIERRA	VERDE LANÉ		443 TIERRA VERDE LA	NE		· ·				
WINTER GARD	DEN, FL 347	'87 US ~	SUITE A							
			WINTER GARDEN, FL 3	34/8/	US		A BENE NEK TOM OBII GE			
2. Principal Pl	lace of Busine	388	3. Mailing Address							
			443 Tierra Verde Lane			1 (6.0)		II <b>wyle</b> ) 11 <b>00</b> 1 131		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03092004	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State			4. FEI Numb	ner		I Ap	plied For
0, 0 0.0			Winter Garden.		FL	I	45-0478136 Not Applicab			t Applicable
Zip		Country	Zip	Coun		5. Certificate	of Status Desired		<b>\$5.00</b> Add	
			34787		us	_i			Fee Required	<u> </u>
* ·	6. Name	and Address of Current F	Registered Agent		Name	_ 7. Name an	d Address of New R	legistered A	Agent	
FULBRIGH	HT. JOHN	Г			- Turno					
443 TIERR			Street Address			(P.O. Box Number is Not Acceptable)				
WINTER C	SARDEN, F	L 34787			<u> </u>					
N <sub>3</sub>					<u></u>				T ==	
				(	City			FL	Zip Code	a
	named entity ions of registe		the purpose of changing its	s register	ed office or regist	ered agent, or be	oth, in the State of Flo	orida. I am t	familiar with,	and accept
SIGNATURE .							******		•	
i e	Signature, typed to	or printed name of registered agent a	nd title if applicable (NO	TE: Registere	d Agent signature requir	ed when reinstating)		DATE	i india e	afer + h ways
	iling Fee is ue by May					Make check payable to Florida Department of State				
9. ~		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	P		☐ Delete	TITE	ļ				Change	Addition
NAME OTREET ADORSES	1	HT, JOHN T RA VERDE LANE		NAM .	ME EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1	SARDEN, FL 34787			r-ST-ZIP					
TITLE		3/1/(02/1//12/04/07	☐ Delete	TITL					Change	Addition
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS \ /-ST-ZIP					
									☐ Change	· Addition
TITLE NAME			☐ Delete	TITL	AE				Griange	☐ Addition
STREET ADDRESS		-			EET ADDRESS					
CITY-ST-ZIP				CIT	Y-ST-ZIP					
TITLE			☐ Delete	TITL	£ +2"	•			☐ Change	☐ Addition
NAME				NAN						
STREET ADDRESS					EET ADDRESS				•	
CITY-ST-ZIP			·		Y-ST-ZIP					
TITLE		•	☐ Delete	TITE	I .		, ,		☐ Change	Addition
NAME STREET ADDRESS				NAM STR	ME EET ADDRESS		···			
CITY-ST-ZIP					Y-ST-ZIP					
11 Lboroby	certify that the	information cupolied with	this filing does not qualify f	or the eve	amption stated in	Section 119.77	Wi) Florida Statutos	I further co	rtify that the i	information
indicated limited lia	d on this repor	t is true and accurate and ny or the received or trustee	that my signature shall have empowered to execute this	e the sam	ne legal effect as i as required by Cha	f made upder ca apter 608, Florida	th; that I am a mana a Statutes.	ging memb	er or manage	er of the