2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2004
Secretary of State

DOCUMENT# L02000012298

Entity Name: NEHOC, LLC

Current Principal Place of Business:

8615 VIVIAN BASS WAY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

8615 VIVIAN BASS WAY
ODESSA, FL 33556

New Mailing Address:

FEI Number: 04-3670068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
R. ALAN HIGBEE
501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602 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: MGRM ( ) Delete
Name: COHEN, GARY M
Address: 8615 VIVIAN BASS WAY
City-St-Zip: ODESSA, FL 33556

Title: MGRM ( ) Delete
Name: COHEN, ROBIN J
Address: 861256 VIVIAN BASS WAY
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

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

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

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: GARY COHEN MR 05/24/2004

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