2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 25, 2004 8:00 am DOCUMENT # L02000014831 **Secretary of State** 1. Entity Name 02-25-2004 90286 050 ****50.00 MANAGEMENT LLC Principal Place of Business Mailing Address 941 FOURTH STREET, #200 MIAMIFBEAGH FE 33139 941 FOURTH STREET: #200 24014401 MIAMI BEACH FL 33139 Principal Place of Business Mailing Address larms 120 Suite, Apt. #, etd CR2E083 (11/03) Applied For 4. FEI Number 81-0594313 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nan CORPORATE CREATIONS NETWORK INC. Corporate Creations Network Inc. 11380 PROSPERITY FARMS RD. #221E PALM BEACH GARDENS FL 33410 11380 Prosperity Farms Road #221E Palm Beach Gardens, FL 33410 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. Tam familiar with, and accept the obligations 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. MGR TITLE ☐ Change ☐ Addition TITLE ☐ Delete MANAGEMENT GROUP LIMITED NAME NAME 941 FOURTH STREET, #200 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | Addition TITLE ☐ Detete TITLE NAME NAME Nailuta STREET ADDRESS STREET ADDRESS poperite Farms Rd# CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME 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)(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 a limited liability company or the receiver or trustee anowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or

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