2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
04 JUL -1 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000015251

1. Entity Name
PARALLAX, LLC

Principal Place of Business	Mailing Address
557 NORTH WYMORE ROAD SUITE 100 MAITLAND, FL 32751 US	557 NORTH WYMORE ROAD SUITE 100 MAITLAND, FL 32751 US

06072004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Heiligkreuz 49	Heiligkreuz 49
Suite, Apt. #, etc.: Vaduz 9490	Suite, Apt. #, etc.: Vaduz 9490
City & State: Principality of Liechtenstein	City & State: Principality of Liechtenstein
Zip / Country	Zip / Country

4. FEI Number: 03-0485915 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DURYEA, GEORGE F CPA 116 EAST CRYSTAL LAKE AVENUE LAKE MARY, FL 32746	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALLARD, MICHAEL 2401 PALMETTO DRIVE LONGWOOD, FL 32779	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tomina Foundation Vaduz Heiligkreuz 49 Vaduz 9490, Principality of Liechtenstein	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600038845866 07/07/04--01076--007 **122.50	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Daniel Eric Joerin June 2, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #