2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT May 12, 2004 08:00 AM Secretary of State DOCUMENT # L02000015524 1. Entity Name GAILLARD FAMILY LLC Principal Place of Business Mailing Address C/O CHARLES W. GAILLARD C/O CHARLES W. GAILLARD 3415 RUM ROW 3415 RUM ROW NAPLES, FL 34102 NAPLES, FL 34102 03012003 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2104801 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAILLARD, CHARLES W DO NOT WRITE **3415 RUM ROW** NAPLES, FL 34102 IN THIS SPACE 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 created name of recestered agent and trille if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 8, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE U00000153843 05/12/04-80001-011 50.00 NAME GAILLARD, CHARLES W **3415 RUM ROW** STREET ADDRESS CTTY-ST-2TP NAPLES, FL 34102 TITLE NAME STREET ADDRESS CITY-ST-ZIP mF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CXTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

FILED