2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015557

Entity Name: VENGANZA S.A., LLC

FILED Jan 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

822 SW 50TH WAY ONE OCEAN TRACE ROAD GAINESVILLE, FL 32607

#109

ST. AUGUSTINE, FL 32080

Current Mailing Address: New Mailing Address:

ONE OCEAN TRACE ROAD 822 SW 50TH WAY GAINESVILLE, FL 32607 #109

ST. AUGUSTINE, FL 32080

FEI Number: 03-0484255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NIBLETT, C.L NIBLETT, C.L. 822 SW 50TH WAY ONE OCEAN TRACE ROAD

GAINESVILLE, FL 32607 #109 ST. AUGUSTINE, FL 32080

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: C. L. NIBLETT 01/15/2004

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

() Delete NIBLETT, C.L. Name: Address: 822 SW 50TH WAY City-St-Zip: GAINESVILLE, FL 32607

Title: () Delete Name: BAILEY, ANA M Address: 822 SW 50TH WAY City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

(X) Change () Addition NIBLETT, C. L. Name: Address: ONE OCEAN TRACE ROAD, #109

City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM (X) Change () Addition

Name: BAILEY, ANA M

Address: ONE OCEAN TRACE ROAD, #109 City-St-Zip: ST. AUGUSTINE, FL 32080

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: C. L. NIBLETT 01/15/2004