

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90018 050 \*\*\*\*50.00

<b>DOCUMENT # L02000015855</b> 1. Entity Name MOCKINGBIRD, L.L.C.	
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Principal Place of Business C/O HUFFMAN 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480	Mailing Address C/O HUFFMAN 350 ROYAL PALM WAY #409 PALM BEACH, FL 33480
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**DO NOT WRITE IN THIS SPACE**

24064701



04202004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 43-1969218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HUFFMAN, KENT ESQ  
350 ROYAL PALM WAY  
SUITE 409  
PALM BEACH, FL 33480

**DO NOT WRITE  
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.

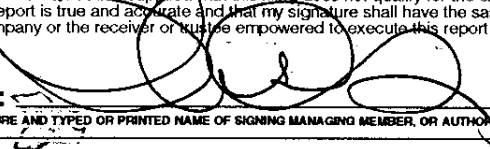
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSEEN, JOSEPH 4239 NORTHLAKE BLVD, STE D PALM BEACH GARDENS, FL 33410
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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:**  **4-22-04** **(561) 626-2778**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #