2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L02000016142

1. Entity Name THINKTHIN LLC

FILED Aug 30, 2004 8:00 am Secretary of State 08-30-2004 90139 030 ****50.00

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Principal Place 16850 JOGF DELPAY BEA	TOAD		Mailing Address POBOX812163 BOOA PATON, FL. 33481	au			240820		11 6 11 41616 11 8 1	33) (4 148¢
2. Principal Pl	lace of Busine	ess	3. Mailing Address 16370 Via Fontau							
Suite, Apt. #, etc.			Suite, Agr. #, etc. B. Bluss			08232004	Chg-LLC	CR2E083	(10/03)	
City & State			DELLAM BEACH FL			4. FEI Numb			_ 	plied For t Applicable
Zip		Country	33484-6496	Country		5. Certificate	e of Status Desired		5.00 Addi e Required	
	6. Name	and Address of Current				7. Name and	d Address of New F	Registered Age	ent	
BLUM, BRI 16370 VIA DELRAY B	FONTANA			Name Street Address (P.O.			per is Not Acceptabl	e)		
			>	City				FL	Zip Code	
8. The above named entity submits the statement 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, type or priored name in registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Signature, types of printing natures registered agent and tree is approache. [MOXE: neglected Agent signature required when retrisected)										
Fil Due b	ing Fee is by Septem	\$50.00 Der 8, 2004				Make check payable to Florida Department of State				
9.		MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM	•	Delete	TITLE					_ Change	Addition
NAME	VOLUCK,			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	PO BOX 8	TON, FL 33481		CITY-ST-ZIP						
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NAME		BLUM TRUST	A DOLLAR	NAME				_		
STREET ADDRESS	PO BOX 8	312163		STREET ADDRESS						
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name Street address				STREET ADDRESS						
CITY-\$T-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 am a managing member or manager of the limited liability company or the eceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										