


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

4/1  
**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**  
04-19-2004 90026 031 \*\*\*\*50.00

<b>DOCUMENT # L02000017952</b> 1. Entity Name <b>NYS INVESTMENTS, LLC</b>	
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Principal Place of Business <b>3310 SUNRISE DR. SEBRING, FL 33872</b>	Mailing Address <b>3310 SUNRISE DR. SEBRING, FL 33872</b>
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**DO NOT WRITE IN THIS SPACE**

01152004No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>55-0788270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

8. Name and Address of Current Registered Agent  
**KLOCKO, RONALD P.  
3310 SUNRISE DR.  
SEBRING, FL 33872**

**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: *Ronald P. Klocko* RONALD P. KLOCKO 4-14-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLOCKO, RONALD 3310 SUNRISE DR. SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLOCKO, ROSEANN 3310 SUNRISE DR. SEBRING, FL 33872
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IN THIS SPACE**

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: *Ronald P. Klocko* RONALD P. KLOCKO 4-14-04 863-382-3380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #