2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Feb 16, 2004 08:00 AM Secretary of State

DOCUMENT # L02000017964 1. Entity Name PROLIFIC INNOVATIONS, LLC				Secr	etary of State
Principal Place of Business 7441 SW 14TH STREET PLANTATION, FL 33317 Mailing Address 7441 SW 14TH STREET PLANTATION, FL 33317)	isibl Nati isbis falis alki brasal ik labi	
7441 SW PLANTAT	6. Name and Address of Current Re SONATHAN J HATH STREET ON, FL 33317	gistered Agent		02022004No Chg-LLC 4. FEI Number 33-1014689 5. Certificate of Status Desired DO NOT WE IN THIS SPA	CR2E083 (10/03) Applied For Not Applicable \$5,00 Additional Fee Required
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 a the obligations of registered agent. SIGNATURE Stroke bood or protect name of registered agent and the Lappicase. (NOTE Registered Agent signature required when renstating) Priling Fee is \$50.00 Due by May 1, 2004					da. I am familiar with, and accept
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS MGR HARRIS, JONAHAN J 7441 SOUTH WEST 14TH STREET PLANTATION, FL 33317				7000
TITLE NAME STREET ADDRESS CITY ST-ZIP	No Changes			b2/16/04-i	30169-014 50.00
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TITLE NAME STREET ADORESS CITY-ST-ZIP				IN THIS SP	
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NAME STREET ADDRESS CITY-ST-ZIP 11. hereby	certify that the information supplied with th	is filing does not quality for the exe	mption stated in Se	ction 119.07(3)(i). Florida Statutes, I fi	urther 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.					