2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State
04-09-2004 90214 003 ****55.00

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02232004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000020243

1. Entity Name
KNEAD THE DO, L.L.C.

Principal Place of Business	Mailing Address
1135 SOUTH PASADENA AVE. SUITE 327(C) SOUTH PASADENA, FL 33707	1135 SOUTH PASADENA AVE. SUITE 327(C) SOUTH PASADENA, FL 33707

2. Principal Place of Business	3. Mailing Address
660 W. 23rd Street	660 W. 23rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, FL	City & State: Panama City, FL
Zip: 32405 Country	Zip: 32405 Country

4. FEI Number: 03-0478949 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERPIE INC.
1135 S. PASADENA AVE., 327-C
SAINT PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name: Diane C. Hare, CPA
Street Address (P.O. Box Number is Not Acceptable): 2589 Jenks Avenue
City: Panama City FL Zip Code: 32405

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: DC Hare (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 04-19-04

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BERTRAND, LISA 1135 S. PASADENA AVE., 327-C SAINT PETERSBURG, FL 33707 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Gilbert Meisner 2412 St. Andrews Blvd. #14 Panama City, FL 32405 ☐ Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Gilbert Meisner Gilbert L. MEISNER 4/8/04 850 784 4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #